

MOREHOUSE PARISH SCHOOL BOARD

Request for Approval for Educational Field Trip

Circle the Funding Source/s: **21st CCLC** **Student Fees** **General Fund** **Band**
 School Fund: Circle the source of school fund: **Clubs** **Cheerleader** **Athletics**

This request should be submitted at least 3 weeks prior to the event and contain the signature of the principal indicating approval. Also, travel arrangements must be made through the school principal including obtaining a bus and a bus driver if required.

School: _____ Teachers (list all participating): _____

Subject: _____ Grades Involved: _____

IEP objective to be addressed: (if applicable) _____

LSS/GLE's addressed: _____

Brief Trip Description _____

Destinations (☆All places are to be designated and purpose noted): _____

Date of Event: _____ Departure Time: _____ Return Time: _____

Total Number of Hours: _____ Number of Students Participating: _____ Number of chaperones: _____

Expenses Involved: Must be stated exactly. The expense list must include costs of bus driver and estimated mileage, along with admission fees or food/lunches if needed. **Cost of food/lunches will be approved only if there is a purpose in purchasing the lunch which must be stated in the above objectives.** With advanced notice, the school cafeteria will prepare a sack lunch when students will be away during the lunch period.

If a check needs to be cut prior to the event, indicate with an * in the appropriate column and write to whom the check is to be written.

Need Check	How Many?	Expenses	Issue Check To:	Exact Amount
N/A		Bus Driver (Estimated Average Hourly Rate Plus Benefits \$30.07)	N/A	\$
N/A		Estimated Miles x .655	N/A	
		Admissions Cost _____ Students @ \$ _____		
		Food (See Above Requirements)		
			TOTAL COST:	\$

Principal Signature: _____ Date: _____

_____ **Approved as submitted.**
 _____ **This request is approved as amended.** _____
 _____ **This is not approved for the following reason(s).** _____

Special Services Supervisor Signature: (if applicable) _____
 Date: _____

Curriculum/Instruction Supervisor Signature: _____
 Date: _____

Transportation Supervisor Signature: _____
 Date: _____

Grant Supervisor Signature: (if applicable) _____ **Date:** _____

NOTE:
 All receipts must be returned to the office within **48 hours** of the field trip. (Those failing to comply will forfeit their rights to field trips for the remainder of the school year.)

If using school funds, please verify fund availability prior to submitting form to the Superintendent's Office.