

**Fort Mill School District Four
Request for Approval of Overnight Field Trip**

School _____ Teacher/Sponsor _____

Teachers/Sponsors: Please complete this form IN DETAIL and submit it to the school principal at least one month prior to the date of the trip for trips of a day or less. The superintendent and the board must approve all overnight field trips over three instructional days and that require international travel. Board approval must occur before fundraising efforts may begin. Field trips will be approved during the October, February, and May board meetings.

Sponsoring organization/course/department/grade: _____

Name of Event/Function: _____

Purpose of Field Trip: Outline separately and attach to this form how this field trip relates directly to the concepts, objectives, and standards of the course or educational activity. Describe the pre and post trip activities planned as well as details of what will take place during the field experiences. A teacher's lesson plan that includes the above information may be attached in lieu of a separate report. A detailed budget form must also be completed.

Proposed Departure:

Day _____ Month _____ Date _____ Location _____

Proposed Return:

Day _____ Month _____ Date _____ Location _____

of Days _____ # of School Days _____ Mode of Transportation _____

**Note: A separate request and approval of district buses through transportation is required.*

Destination Site _____ City _____ State _____

Number of Girls _____ Boys _____ Total Cost Per Student (from worksheet) _____

Source of Funds _____

Are scholarships available? Yes _____ No _____ Source _____

Name of lodging (for overnight field trips): _____

Address _____ Phone # _____
city, state, zip

Chaperones _____

**Names of approved chaperones must be provided.*

Nursing Support: _____ Needed _____ Not Needed

**Provide list of students to nurse to determine the need for nursing support.*

Teacher/Sponsor Signature _____ Date _____

Administrative Action:

_____ Approved _____ Not Approved _____
Principal's Signature and Date

_____ Approved _____ Not Approved _____
Superintendent's Signature and Date

Overnight Field Trips Cost Analysis Worksheet Per Student

Expense Breakdown:

Hotel

Room price (1) _____
 Students/adults per room (2) _____
 Cost of hotel per student (3) _____
(line 1 divided by line 2)

Meals

Number of meals (4) _____
 Cost of meals per student (5) _____
 Total cost of meals per student (line 4 x line 5) (6) _____

Transportation Cost

Charter bus/Motor Coach (7) _____
 Activity Bus* (8) _____
 Airline- Ticket price (9) _____
 Ground transportation (If flying) (10) _____
 Cost of transportation per student (11) _____

**Note: A separate request and approval of district buses through transportation is required.*

Other required expenses per student (12) _____
(Registration fees, entry fees, etc...)

Total Cost Per Student (Gross) (13) _____
(line 3 + line 6 + line 11 + line 12)

Funding Sources:

Amount Provided Per Student

Organization/Booster (14) _____
 Grant _____ (15) _____
 Other _____ (16) _____
 Scholarship _____ (17) _____
 Fundraising* (18) _____
 Total Funding per Student (19) _____
(line 14 + line 15 + line 16 + line 17 + line 18)

***Explain type of fundraisers and how funds are distributed to students to offset cost.**

Actual per student cost (Net) (20) _____
(line 13 minus line 19)