 Form IFCB-1

**FIELD TRIP REQUEST FORM**

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| **School:** |  | **Sponsor (Teacher/Coach):** |  | **Contact Number:** |  |

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| **A. Trip Type:** (Check one)  Instructional  Athletic  Fine Art | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **Overnight Trip:** Yes  No (If Yes, complete Form IFCB-2 [Overnight Field Trip Additional Information]) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * Complete for Athletic Trips: Sport: | | | | | | | | | | | | | | | |  | | | | | | | Level:  9th  JV  Varsity | | | | | | | | | | | | | | | | | | | |
| * Complete for Instructional: Subject: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Grade(s): | | | | |  | | | | | | | |
| * + Name of Event: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| * + Has the Event, Play or Performance been approved as appropriate for students?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **Funding Type:** (Check one)  District  Local School  Outside Vendor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Funding Detail:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **B. Supervision:** Adult/Student Supervising Ratio:  Elementary 1:15  Middle 1:20  High 1:25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Supervisors must be approved by the Principal) (**NOTE:** Overnight ratios are different. Please see Form IFCB-2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **C. Participation/Cost:** Number of Participants: | | | | | | | | | | | | | | | | | | | Regular Education: | | |  | | | | Special Education: | | | | | | |  | | | Adults: | |  | | | | |
| * Cost Per Student: $ | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **D. Site/Date/Time:** | | | | | Departure Site: | | | | | | | | | | |  | | | | | | | | | | | | Date: | | |  | | | | | | Time: | |  | | | |
|  | | | | | Destination Site: | | | | | | | | | | |  | | | | | | | | | | | | Date: | | |  | | | | | | Time: | |  | | | |
|  | | | | | Destination Address: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Return Site: | | | | | | | | | | |  | | | | | | | | | | | | Date: | | |  | | | | | | Time: | |  | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
| **E. Type of Transportation:** (check on choice and complete) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| System: | | # of RegEd Buses | | | | | | | | |  | | | | # of SpEd Buses (w/Lift | | | | | | | | | |  | | )(w/o Lift | | | | |  | | ) **\*** | | | | | |  | | |
| Activity Bus: | | | # of Activity Buses | | | | | | | | | | |  | | | |  | | Have you secured a CCSD CDL holding teacher/coach to drive?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
| Private Carrier: | | | | # of Buses | | | | |  | | | | Name of Carrier | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | Explain: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **F. Curriculum Connections:** | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| * How does this trip relate to the curriculum? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| * What are the arrangements for students not attending? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **G. Comments/Special Requests:**   * Enter pickup location at your school here. * Include any special equipment needed when special education buses are requested. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**PLEASE NOTE:**

1. In all situations the permission forms supplied by the Cobb County School District (District) are to be used to gain permission from parents/guardians.
2. Students cannot be counted present on school attendance records for more than two days of the field trip unless the location has been designated as an alternative educational site by the appropriate District administrator in accordance with the policies and regulations of the State Board of Education.
3. The supervising teacher must have a copy of the appropriate field trip permission form which includes pertinent medical information in his/her possession during all field trips.
4. For the duration of the field trip, employees and adult supervisors are directly accountable for their actions as if they were responsible for students on school premises. Employees and adult supervisors must refrain from personal practices, both in and out of the presence of students, which would be inconsistent with their responsibilities to supervise students.
5. **This form must be kept on file at the local school and must be signed by the Principal before entering** **on the Field Trip Management System.**

Teacher/Coach Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Approved 🞎 Denied Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FTMS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_