

Madison City Schools Field Trip Request

Teacher: _____ School: _____

Destination _____

Date From: _____ To: _____

If trip is overnight please list name & address of hotel: _____

Departure Time: _____ Return Time: _____ Number of Students: _____ Grade: _____

Teacher(s)/Staff Attending Trip: _____

Teacher/Chaperone to Student Ratio (Secondary 1:15, Elementary 1:10), please list ratio and chaperone names: _____

Mode of Transportation: ☐ School Bus

☐ Charter Bus (please circle company below and attach charter bus contract)

☐ Parent Driven

Approved Charter Bus Companies: Anchor Transportation, Capital Trailways, Eagle, Landmark Tour & Travel, Oats Tours
Spirit Coach, Takers Transportation and Thriveway.

How will class be covered: (Check One)

☐ Substitute

☐ In-House

Funding Source (Check One)

☐ School System

☐ Local School (Please submit check)

☐ Individual (Please submit check)

☐ Other _____

This section must be filled out completely.

_____ Instructional (Check the appropriate box)

____ Yes ____ No Will instructional time be consumed?

If yes, how much? _____

____ Yes ____ No There has been advanced coordination
with the trip site to assure intended
objective can be met?

____ Yes ____ No There has been student preparation
and study concerning this trip.

____ Yes ____ No Are there children attending the field trip that have special medical requirements?

What is the purpose and how is the trip related to your program of instruction/standard? _____

In compliance with [Board Policy 6.5](#) concerning field trips, I am requesting permission for my students to participate in the trip identified above.

Sign: _____

Sponsoring Teacher

Date: _____

____ Approved

____ Disapproved _____

Principal

Date: _____

____ Approved

____ Disapproved _____

Superintendent

Date: _____

Coordinator Initials: _____