

**Cumberland County Schools  
Field Trip Request**

In State/ Pre-approved\_\_\_\_\_

Overnight\_\_\_\_\_

Out of State\_\_\_\_\_

This form is to be submitted to the principal for approval and forwarded to the Transportation Department 2 weeks prior to the date of the trip for approval. OUT OF STATE AND OVERNIGHT TRIPS MUST HAVE BOARD APPROVAL. YOU MUST SUBMIT THESE TRIPS 2 WEEKS PRIOR TO THE MONTHLY BOARD MEETING.

Parent permission slips must be obtained for all students making the trip, taken on the trip, and then filed in the principal's office.

School: \_\_\_\_\_ Subject/ Grade Level: \_\_\_\_\_  
Trip Requested By: \_\_\_\_\_ Date of Trip: \_\_\_\_\_  
Destination: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Departure Time: \_\_\_\_\_ Return: \_\_\_\_\_ Admission per student \_\_\_\_\_

Special Services: Check ALL that apply. Explain further if needed. Prior approval is required.

☐ School Nurse ☐ SpEd Bus ☐ SpEd Assistant ☐ Students have 504 Plan ☐ Bus with Lift

Please check type of activity:

☐ Academic Field Trip ☐ Competition  
☐ Incentive Field Trip ☐ Sports  
☐ School Clubs ☐ Special Classroom Trip (description) \_\_\_\_\_  
☐ Band/ Chorus ☐ Other \_\_\_\_\_

Teachers: \_\_\_\_\_ # of Students \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Please check this box if # of students is less than 14  
and if you would prefer a SpEd Bus

Total: \_\_\_\_\_ Total # of Students: \_\_\_\_\_

Additional Chaperones (if needed) \_\_\_\_\_

☐ Cafeteria notified ☐ Purchase order requested ☐ Permission slip obtained (should be taken on trip)  
☐ Substitute requested (if needed) ☐ Teacher of record must communicate special needs (504 plans, health plans, etc.)  
to the driver and other appropriate persons.

\_\_\_\_\_  
Sponsoring Teacher's Signature Cell Phone Number Principal's Signature Date

For Transportation Department Use Only			
Drivers: (1) _____	(2) _____	(3) _____	(4) _____
Beginning Mileage _____	Ending Mileage _____	Total Mileage _____	
Amount to be paid driver \$ _____		Amount for Fuel \$ _____	
_____ Transportation Supervisor		_____ Director of Schools	

*This section to be completed for out-of-state or overnight school sponsored trips only*

☐ Approved

☐ Denied

\_\_\_\_\_  
Director of Schools Signature

Date of Board Approval \_\_\_\_\_

This request must come to Transportation first. Requests needing BOE approval will  
then be forwarded on to Central Services for processing.