

**REQUEST FOR OVERNIGHT FIELD TRIP APPROVAL
UNION COUNTY PUBLIC SCHOOLS
Monroe, NC 28112**

APPROVED _____ DENIED _____
Deputy Superintendent/Instruction Date

See Attachment Regarding Guidelines for Field Trips During Security Alert Advisories!

This form must be completed 10 days prior to an overnight trip to allow time for approval.

Teacher(s) _____ Grade(s) _____ School _____

Location of Trip _____ Round Trip Mileage _____

Date(s) of Trip	Departure Date	Time	Return Date	Time

Number of Students to Attend Trip _____ Approximate Cost per Student \$ _____

Number of Staff Members _____ Other Adult Chaperones _____

Type of Transportation (Circle One):

School Bus Activity Bus Commercial Carrier* Other _____

* Company Name _____

List the purpose and objectives of the field trip as related to the North Carolina Standard Course of Study, the relationship with school activities, subsequent follow-up activities, and methods for evaluating the effectiveness of the activity. (Use reverse side if needed.)

Teacher's Signature(s) _____ Date _____

_____ Date _____

Principal's Signature (Approval) _____ Date _____