

**ST. LUCIE PUBLIC SCHOOLS**  
**TEACHER(S)/SPONSOR(S) FIELD TRIP REQUEST FORM**

School Name: \_\_\_\_\_

Class/Group/Organization: \_\_\_\_\_

Teacher(s)/Sponsor(s): \_\_\_\_\_

Destination: \_\_\_\_\_

Description of activity: \_\_\_\_\_

\_\_\_\_\_

Beginning Date: \_\_\_\_\_ Check One  
                            Month      Day      Year      Hour      AM      PM

Ending Date: \_\_\_\_\_ Check One  
                            Month      Day      Year      Hour      AM      PM

Place of Departure: \_\_\_\_\_ Place of Return: \_\_\_\_\_

Time (hrs/days) Out of School: \_\_\_\_\_ Cost per student: \_\_\_\_\_ # of Students: \_\_\_\_\_

How does this activity support the district's scope & sequence? (PLEASE ATTACH)

Provisions for students who cannot afford the cost: \_\_\_\_\_

\_\_\_\_\_

Method of Transportation: \_\_\_\_\_

(If other than a St. Lucie County School bus, please attach certificate of insurance from carrier or Statement of Insurance on Private Vehicles form.)

Names of Chaperones:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Persons Not Making Trip:

_____	_____	_____	_____
Name	Phone Number	Name	Phone Number

Accommodations:      NAME OF HOTEL: \_\_\_\_\_

                            ADDRESS: \_\_\_\_\_

                            PHONE NUMBER: \_\_\_\_\_

It is understood that permission slips will be obtained from parents prior to the field trip.

Approved: \_\_\_\_\_

Principal

Date

Approved: \_\_\_\_\_

Executive Director of Schools

Date

Overnight Activity:

Approved: \_\_\_\_\_

Superintendent

Date

Rev. 9/14  
OPE0004