



# Greene County Tech School District

## Out of State Field Trip Request

Date Request Submitted: \_\_\_\_\_

Proposed Activity: \_\_\_\_\_ Date(s) of Proposed Activity: \_\_\_\_\_

Name of Staff Member Making Request: \_\_\_\_\_ Building: \_\_\_\_\_

Organization/Club Making Request: \_\_\_\_\_ Number of Students Involved:

Proposed Destination: \_\_\_\_\_ Method of Transportation: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_ Budget Unit: \_\_\_\_\_

Signature of Staff Member Making Request: \_\_\_\_\_

**Contact Information for Staff Member:**

Mailing Address: \_\_\_\_\_

Phone: work: \_\_\_\_\_ home: \_\_\_\_\_ cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EDUCATIONAL PURPOSES OF THE ACTIVITY:**

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**NAME OF ADULT SUPERVISORS:** (Designate whether a person is a district employee). A ratio of 1 adult to every 10 students is suggested. If the supervisor will require a substitute please mark X.

	District Employee	Sub Required		District Employee	Sub Required
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	4 _____	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	5 _____	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	6 _____	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a copy of the following to this request:

1. Planned Itinerary of the activity for all dates of sponsorship.
2. Conference brochures, schedule of programs, agendas, letters of acceptance, and etc.
3. Housing/Room list complete with location, address, phone number, and fax number.

_____ Signature of Building Principal	_____ Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Signature of Superintendent	_____ Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Signature of School Board	_____ Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied