

Caldwell County Schools Auxiliary Services-Transportation	Auxiliary Services	A-4421-A
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CALDWELL COUNTY SCHOOLS

**REQUEST FOR OVERNIGHT OR OUT-OF-STATE
FIELD TRIP**

Proposed Trip: _____

Mode of Transportation: _____

Departure Point: _____

Date(s) of Departure: _____ / _____ Day of Week: _____

Return: _____ / _____ Day of Week: _____

Participants: (club, class, etc.) _____

No. of Students: _____ Total Cost of Trip: _____ Per Pupil: _____

Number of Adult Chaperones: _____ Source of Funds: _____

Teacher(s) in Charge: _____

Purpose of Trip: _____

Insurer(s): _____

School

Date: _____

Signature of Principal

Approved: _____ Date: _____

Signature of Superintendent

Not Approved: _____