

FIELD TRIP REQUEST

GILMER COUNTY SCHOOLS

809 Medical Drive, Suite 1
Glennville, WV 26351

I request permission for a field trip to: _____

Date(s): _____ Departure Time: _____
Return Time: _____

Students Involved: _____

Goals and Objectives of Trip: _____

How does this relate to the curriculum? _____

When will unit or chapter of text pertaining to this activity be completed? _____

Services of a substitute teacher required? _____

Cost of Field Trip:	Mileage _____ x \$ _____ per mile	\$ _____
	Driver Hrs. _____ x \$ _____ per hour	\$ _____
PORTION ASSUMED BY BOARD *	Misc. Expense:	\$ _____
Levy () Operating Budget ()	TOTAL COST:	\$ _____
Spec. Educ. () Federal Prog. ()	Portion of cost to be assumed by Board:	\$ _____
	Portion of cost to be assumed by other agency:	\$ _____

***Funding Source Must Be Complete
Before Field Trip Request Can Be Processed**

SIGNED: _____ Employee DATE: _____

APPROVED: _____ Supervisor DATE: _____

APPROVED: _____ Superintendent DATE: _____

COMMENTS: _____

White - Finance
Yellow-Transportation
Pink - Employee