

**REQUEST FOR OVERNIGHT OR OUT-OF-STATE
FIELD TRIP APPROVAL
UNION COUNTY PUBLIC SCHOOLS
Monroe, NC 28112**

APPROVED _____ **DENIED** _____
Deputy Superintendent/Instruction _____ Date _____

See UCPS Policy 5-16 School Trips and Administrative Guidelines prior to completion of request.

This form must be completed 10 days prior to a 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 separate sheet if needed.)

Teacher's Signature(s) _____ Date _____

_____ Date _____

Principal's Signature (Required) _____ Date _____