AUTAUGA COUNTY BOARD OF EDUCATION
FIELD TRIP REQUEST

SCHOOL/DEPARTMENT _____ DATE _____

TO: MR. GREG FAULKNER, SUPERINTENDENT PRINCIPAL/ SUPERVISOR_____

SUBMITTED BY: _____ _____
_____ _____
_____ _____
_____ _____
Teacher(s) Signature (s)

LOCATION (Check One): ☐ Within County ☐ Out – of – County ☐ Out – of – State

TYPE OF FIELD TRIP (Check One): ☐ Academic ☐ Band ☐ Other _____
☐ Athletic ☐ Music

_____ _____ _____
Date of Trip Subject Area/ Sport/Music Category Grade (s)

_____ _____ _____
No. of Students No. of Chaperones Destination

_____
All Other Stops

_____ _____
Departure Time (from school) Return Time (to school)

MODE OF TRANSPORTATION (Check One): ☐ School Bus ☐ Commercial Bus
☐ Cars ☐ Walk

No. of buses needed: _____**X** round trip mileage = _____ **plus** each driver's pay = amount due =_____

_____ _____
No. of school bus trips already taken this year No. of other trips

_____
Reference page no. of Curriculum Guide/Plan listing subject matter relating to field trip

_____
EDUCATIONAL OBJECTIVE (S) AND/OR PURPOSE:

_____

_____

APPROVED/ DENIED	APPROVED/DENIED	APPROVED/DENIED
_____	_____	_____
Principal/Supervisor	Superintendent	Transportation Supervisor
_____	_____	_____
Date	Date	Date