



LEON COUNTY SCHOOLS

FIELD TRIP AUTHORIZATION REQUEST

LCS 9420-0001
REV. 2/4/2022

Out-of-County/Out-of-State/In-County (When Medical Needs are identified)

Directions: Submit to the appropriate Divisional Director four weeks in advance. This form does not replace the LCS Transportation Department form.

Current Date: _____ School: _____ Grade(s) _____

Principal: _____ Destination: _____

Date(s) of Trip: _____ to _____

Leave Time: _____ a.m./p.m. Return: _____ a.m./p.m.

Transportation provided by: _____

Educational/academic benefits to students: _____

Name(s) of chaperones (use additional page[s] if necessary) and **input leave in Skyward**: _____

Name(s), e-mail, and phone number of overnight field trip chaperones (volunteers) appointed by principal or principal's designee (use additional page[s] if necessary) _____

Are there any field trip students with medical needs? Yes ☐ No ☐

If yes, list the employee(s) who will be participating on the field trip and their related healthcare training:

If additional training is needed, please list the school nurse who will be providing the training and the scheduled date of training: _____

1. Please list the name of the conference, workshop, meeting, or field trip. **Attach an agenda or itinerary.**

2. a) Total number of students on trip (**Note: In the event that the number of students increases after submission, this form must be resubmitted**): _____

(**Following trip, attach roster of actual participants to approved form and retain with internal accounts records for five years.**)

b) Total number of adults (including chaperones) on trip: _____

3. What is the total cost of the trip **per person**: \$ _____

Please itemize, i.e., registration, travel, hotel, meals, subs, tickets, tolls, fares:

Transportation cost **per person** \$ _____

Hotel cost **per person** \$ _____

Meal cost **per person** \$ _____

List other expense(s) **per person**: _____ \$ _____

List other expense(s) **per person**: _____ \$ _____

4. **TOTAL COST OF TRIP FOR ALL PARTICIPANTS** \$ _____

Please note: Any contract for \$8,000 or more (which can include any one or all of the following: transportation, dues and fees, meals, lodging, incidentals, etc.) shall have a minimum of three documented quotes forwarded to the Purchasing Department for School Board approval.

How much of this will be paid by Leon County Schools and from what source (TEC funds, internal accounts, federal funds, fund raiser, student paid, etc.): \$ _____

Note: If students are paying, scholarships **MUST** be offered to students who are unable to pay.

Designate the areas for which you wish to be reimbursed and the funding source:

Teacher/Sponsor Signature _____ Date _____

Principal Signature _____ Date _____

Itinerary attached? _____ Yes _____ No Leave slips attached? _____ Yes _____ No

Director Signature _____ Date _____ Approve _____ Deny _____

Asst. Superintendent Signature _____ Date _____ Approve _____ Deny _____

Superintendent Signature _____ Date _____ Approve _____ Deny _____