

AREA FIELD TRIP AUTHORIZATION FORM

SCHOOL NAME Monarch High School / 3541 AREA North
 GROUP REQUESTING TRIP _____

FIELD TRIP INFORMATION

CHECK ONE BELOW <input type="checkbox"/> Local (Tri-County) <input type="checkbox"/> Out of Tri- County <input type="checkbox"/> Outside United States	CHECK ONE BELOW <input type="checkbox"/> One Day <input type="checkbox"/> Overnight	CHECK ONE BELOW Water - Related Activity <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Approved Vendor _____
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DEPARTURE Date _____ Time _____ No. School Days _____
 RETURN Date _____ Time _____

DESTINATION Event _____
 Street _____
 City _____ State _____ Country _____

PURPOSE/EDUCATIONAL OBJECTIVES _____

ITINERARY - Briefly state itinerary for one-day trips in space below. (Attach detailed itinerary for all overnight trips): _____

NO. OF STUDENTS _____ Grade(s) _____ No. of Males _____
 Cost per student: \$ _____ No. of Females _____
 Source of funds: _____ No. of Males & Females _____

CIRCLE ONE (Students • Club Account • WGM Budget)

CHAPERONES No. of Male Chaperones _____ No. of Female Chaperones _____
 Name of Male Chaperones _____ Name of Female Chaperones _____

Contact Names _____ Contact Names _____
 Contact #s _____ Contact #s _____

METHOD OF TRAVEL:

Airplane Rental Vehicle *Private Vehicle (Attach copy of driver license/Insurance)*
 Train BCPS School Bus Chartered Bus (Name) _____
 Other (Explain) _____

Travel Agent: No Yes Name _____
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Faculty Member in Charge _____ Date _____

Principal's Approval _____ Date _____

Area Superintendent's Review <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ Area Superintendent Date	Superintendent's Review (if required) <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ Superintendent Date
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White: Principal Yellow: Activity Calendar Pink: Faculty Member in Charge

If using private vehicles, please submit student passenger / student vehicle / adult volunteer driver authorization forms.