

CORAL SPRINGS HIGH SCHOOL

Field Trip Out of Tri-County Area/Overnight/International:

Group Requesting Trip: _____

Principal Designee (Teacher Requesting FT): _____

Destination: _____

Destination Address: _____

Educational Purpose of Trip: _____

Day 1: Departure Date of trip: _____ Time of departure: _____

Destination Arrival time: _____

Day 2 Departure Date of trip: _____ Time of departure to arena: _____ Return to Hotel Time: _____

Day 3 Departure Date of trip: _____ Time of departure to arena: _____ Return to Hotel Time: _____

Day 4 Departure Date of trip: _____ Time of departure to home: _____ Return to CSHS: _____

Number of Students: _____

Method of transportation: _____

Charter Bus Name and Confirmation #: _____

Female Chaperone 1 :

| Full Name | Title | Emergency Contact Name | Emergency Contact Number |
|-----------|-------|------------------------|--------------------------|
| | | | |

Male Chaperone 1:

| Full Name | Title | Emergency Contact Name | Emergency Contact Number |
|-----------|-------|------------------------|--------------------------|
| | | | |

Female Chaperone 2:

| Full Name | Title | Emergency Contact Name | Emergency Contact Number |
|-----------|-------|------------------------|--------------------------|
| | | | |

Male Chaperone 2:

| Full Name | Title | Emergency Contact Name | Emergency Contact Number |
|-----------|-------|------------------------|--------------------------|
| | | | |

Female Chaperone 3:

| Full Name | Title | Emergency Contact Name | Emergency Contact Number |
|-----------|-------|------------------------|--------------------------|
| | | | |

Male Chaperone 3:

| Full Name | Title | Emergency Contact Name | Emergency Contact Number |
|-----------|-------|------------------------|--------------------------|
| | | | |

Female Chaperone 4:

| Full Name | Title | Emergency Contact Name | Emergency Contact Number |
|-----------|-------|------------------------|--------------------------|
| | | | |

Male Chaperone 4:

| Full Name | Title | Emergency Contact Name | Emergency Contact Number |
|-----------|-------|------------------------|--------------------------|
| | | | |

Please attach a **DETAILED** itinerary including any rest stops, meals, student activities.

- * SBBC **requires** at least **2 SBBC employees** on an Overnight trip
- * If using Enterprise for vehicle rental, you must also **submit** a copy of **driver's license, insurance card, and vehicle driver authorization form.**
- * If you require additional chaperones, please submit their names, titles and emergency contact numbers along with this form.
- * All Chaperones for these types of Field Trips **must be** at **Level 2 Clearance**. If your chaperone is not at Level 2 Clearance, you must send an email to **the principal** for approval to have chaperone go and be fingerprinted. If approved, the chaperone can go to www.browardschools.com and complete the process.
- * These types of FTs must be turned in **at least four weeks** prior to trip.
- ** If this is an International FT, this request must be submitted **six (6) months** prior to trip.