



Dickson County Schools Field Trip/Competitive Event Travel Request

School _____ Sponsoring Teacher _____ Date _____

Description of Requested Event _____

Date(s) of Event _____ Location _____

Department _____ Number of Students _____

Number of Chaperons Teachers _____ Parents _____ Others _____

How were students chosen to attend the event? _____

Explain the educational value of the planned trip. _____

An itinerary must be included for all overnight trips. Included Yes _____ No _____

How will the trip be financed? _____

What is the total cost per student? _____ What is the "out-of-pocket" cost per student? _____

What is the cost per chaperone? _____ How will the chaperone's trip be financed? _____

How will students be transported? _____

What will be expected of the students not attending? _____

Who will pay for the substitute teacher(s)? _____

Does this trip meet all applicable regulations/policies? ___ Yes ___ No If NO, describe: _____

Principal's Approval _____ Date _____

Director's Approval _____ Date _____

Board Approval ___ Yes ___ No

Chairman of Board _____ Date _____

Board Stipulations _____