

## PARENTAL PERMISSION FOR FIELD TRIP

Jefferson County Board of Education  
Jefferson County High School  
Dandridge TN 37725-4501  
(865) 397 -3182

\_\_\_\_\_ has my permission to make an off-campus  
(Name of Student)

field trip with \_\_\_\_\_  
(Club/Organization) and Sponsor's Name

to \_\_\_\_\_  
(Destination)

I understand the purpose of the trip is \_\_\_\_\_  
\_\_\_\_\_.

The students will depart Jefferson County High School at \_\_\_\_\_ on \_\_\_\_\_  
(Time) (Date)

and return at \_\_\_\_\_ on \_\_\_\_\_. The students will travel by \_\_\_\_\_  
(Time) (Date) (Type Transportation)

accompanied by \_\_\_\_\_ chaperones, and that the personal expense of each  
(Number)  
student is \$\_\_\_\_\_.

Rules of conduct for the trip are attached.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

- To be completed by school official prior to parent's signature.
- Submit to principal at least two weeks prior to trip.

Jefferson County Schools  
Field Trip Request Form

School \_\_\_\_\_ Teacher \_\_\_\_\_

Class/Club \_\_\_\_\_

Date Request Submitted \_\_\_\_\_ Date of Field Trip \_\_\_\_\_

Destination \_\_\_\_\_

Time of Departure \_\_\_\_\_ \*return Time \_\_\_\_\_

Method of Transportation \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Adults\*\* \_\_\_\_\_

Educational Goal of Trip

What method will you measure the achievement of the educational goal?

\*Return time – All trips must return in time for buses to be at their assigned schools for the afternoon route.

\*\*Policy requires one adult for every 15 students.

Approved by: (Principal) \_\_\_\_\_

Transportation Department Use Only

Your driver(s) are: _____	Bus # _____
_____	Bus # _____
_____	Bus # _____

Date notified \_\_\_\_\_ Via ( ) Fax ( ) Phone

**Submit to building principal at least two weeks prior to trip.**

Jefferson County Schools

Overnight Field Trip Request

This form is used for approval of all overnight field trips. Attach a professional leave request form for each teacher who will need a substitute.

School \_\_\_\_\_

Group (Grade/Subject/Organization) \_\_\_\_\_

Number of Students\* \_\_\_\_\_ Number of Adults\*\* \_\_\_\_\_

Event and Destination \_\_\_\_\_

Departure Date \_\_\_\_\_ Day of Week \_\_\_\_\_ Time \_\_\_\_\_

Detailed itinerary, including daily curfew, must be attached.

Return Date \_\_\_\_\_ Day of Week \_\_\_\_\_ Time \_\_\_\_\_

Transportation: ( ) Provided by parents ( ) Arrangements made by school

If school is arranging transportation, indicate type of vehicle

( ) School Bus ( ) Commercial Carrier ( ) Private Vehicle\*

\*If private vehicle, school employee who made arrangements has informed drivers of their personal liability. \_\_\_\_\_(check)

Name of adults who will supervise students on the trip: (Place a check beside drivers of private vehicles. Attach list if necessary.

School Employees	Drivers	Adult Volunteers	Drivers
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List ratio of sponsors to students (minimum of 1-15) \_\_\_\_\_

Cost: Admission (per student) \_\_\_\_\_ Transportation (per student) \_\_\_\_\_  
Other (per student) \_\_\_\_\_

How will these costs be defrayed? \_\_\_\_\_

Statement of rules and disciplinary consequences attached? \_\_\_Yes

Will chaperones room with students? ( ) Yes ( ) No If not, why?

\_\_\_\_\_

Purpose of trip (related to curriculum or program objectives

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*  
Teacher requesting trip should submit to principal at least fifteen (15) work days prior to trip.

Requested by \_\_\_\_\_ Date submitted to principal \_\_\_\_\_

Have you made arrangements for students with special needs (lift bus, feeding, toileting, etc.)? ( ) Yes ( ) None needed

Will you file parent permissions slips before departing? ( ) Yes

\*\*\*\*\*

Principal – Forward all copies to director of schools at least ten (10) days prior to trip.

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Is substitute teacher needed? ( ) Yes ( ) No If yes, how many: \_\_\_\_

For how many days each? \_\_\_\_\_

\*\*\*\*\*

Director of Schools – Overnight request for Board action

Approved \_\_\_\_\_ Date \_\_\_\_\_