

**LAUDERDALE COUNTY BOARD OF EDUCATION  
OFF CAMPUS TRIP REQUEST FORM**

**SCHOOL:** \_\_\_\_\_ **PRINCIPAL SIGNATURE:** \_\_\_\_\_

**DATE REQUESTED:** \_\_\_\_\_ **TEACHERS/SPONSORS:** \_\_\_\_\_

Permission is requested for the following trip:

Destination: \_\_\_\_\_

Reason for Trip: \_\_\_\_\_

Date of trip: \_\_\_\_\_ Bus Drivers: \_\_\_\_\_

(Number of drivers needed)

Departure time: \_\_\_\_\_ Full-day trip: \$ \_\_\_\_\_

Estimated return time: \_\_\_\_\_

Grade(s) or Group: \_\_\_\_\_ Half-day trip: \$ \_\_\_\_\_

Number of students: \_\_\_\_\_ Number of buses needed: \_\_\_\_\_

Number of adults: \_\_\_\_\_ Estimated mileage: \_\_\_\_\_

Nurse needed?  Yes  No Nurse scheduled?  Yes  No

Medication Assistant needed?  Yes  No **Name:** \_\_\_\_\_

Unlicensed Diabetes Assistant needed?  Yes  No **Name:** \_\_\_\_\_

Other: \_\_\_\_\_

Estimated mileage cost: \$ \_\_\_\_\_ Estimated total cost of trip? \_\_\_\_\_

**POLICIES:**

1. The school must secure bus drivers.
2. Mileage cost is **\$1.25** for field trips.
3. The school is responsible for **all** costs of the trip.

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Superintendent's Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_