

**Charleston County School District  
Request for Approval of Field Trip  
Cover Page**

**(To be submitted with the appropriate Page 2 prior to financial contracts or commitments being signed.)**

School: \_\_\_\_\_ Teacher/Trip sponsor: \_\_\_\_\_

Group or class/section: \_\_\_\_\_

Students: # Male: \_\_\_\_\_ # Female: \_\_\_\_\_ # Total: \_\_\_\_\_  
*(Submit a roster of all students to the office before departure.)*

Chaperones	CCSD Employee?*	Male or female?*

*(If needed, continue list on an attached sheet.)*

*\*For each non-employee, attach a field trip chaperone form.*

Departure date/time: \_\_\_\_\_ Return date/time: \_\_\_\_\_

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

**For recurring field trips, attach a schedule of all trips including departure date and time, return date and time and destination for each trip.**

Submit a complete itinerary and route description to the office before departure.

Cost per student: \$ \_\_\_\_\_ Paid by \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Student Other: \_\_\_\_\_  
(Name of funding source)

**For trips during the school day:** How are you planning to pay this fee for students who cannot pay? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For overnight trips:** What efforts have been made to provide fundraising or scholarship opportunities for students? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Lunch arrangements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Cafeteria manager has been notified.

Transportation arrangements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If private vehicles are used, list all drivers. All drivers must be at least 21 years of age and provide proof that they have the minimum insurance coverage required by the State of South Carolina. The principal must approve the use of private vehicles and the drivers.

Nursing services arrangements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date nurse notified: \_\_\_\_\_ Signature of nurse \_\_\_\_\_

The nurse must be notified in writing four weeks in advance of a field trip with a list of students to attend. The nurse shall provide appropriate training for employees.

\_\_\_\_\_  
Principal signature/date

Identified students with medical problems/needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parental permission: Attach a copy of the form that shall be sent home. (All signed slips must be submitted to the office prior to departure as well as a list of students who shall remain in school with their room assignments.)**

**Charleston County School District**  
**Page Two for Instructional Field Trip**

This field trip shall help students achieve the following South Carolina curriculum standards.

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**Field trip learning objective(s)**

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\_\_\_\_\_ The lesson plans shall reflect preparatory activities prior to the trip, learning activities during the trip, and follow-up instructional activities and assessment of student learning after the trip.

Total number of students in class/group: \_\_\_\_\_

Total number participating in field trip: \_\_\_\_\_

Why are students not participating? \_\_\_\_\_

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Describe what students who are unable to participate shall do while the trip is underway: \_\_\_\_\_

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Briefly describe what assignments shall be made to ensure that students who are unable to participate achieve the learning objective(s) of the trip: \_\_\_\_\_

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\_\_\_\_\_  
Teacher's signature/date

**APPROVED:**

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate superintendent (*if overnight*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent (*if out of state*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent (*if out of country*)

\_\_\_\_\_  
Date

**Charleston County School District**

## Page Two for Interscholastic/Extracurricular/Co-curricular Activity

This field trip shall provide the following competitive, enrichment or learning experience for participants. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total number of students in class/group: \_\_\_\_\_

Total number participating in field trip: \_\_\_\_\_

Why are students not participating? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervising chaperone's signature/date

### APPROVED:

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate superintendent (*if overnight*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent (*if out of state*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent (*if out of country*)

\_\_\_\_\_  
Date

**Charleston County School District  
Instructional Field Trip Permission Form**

Dear Parent/Legal guardian:

The following field trip has been approved.

Class: \_\_\_\_\_

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

Departure date/time: \_\_\_\_\_ Return date/time: \_\_\_\_\_

\_\_\_\_\_ Students shall return in time for regular school dismissal.

\_\_\_\_\_ Students shall return after school dismissal. Parents/Legal guardians shall be responsible for transportation home at the time the trip is over.

\_\_\_\_\_ Because of your child's involvement in/on the \_\_\_\_\_, he/she shall be participating in a series of trips during the course of the year. A list of scheduled trips is attached.

The purpose of the trip is to enhance student achievement of the South Carolina curriculum standards for \_\_\_\_\_. As a result of this field trip, the students shall know and/or be able to do the following. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

This trip is an important part of our instructional program. All students shall be assessed on their achievement of the learning objective(s) for the trip. If your child cannot participate, alternative educational activities shall be provided at school during the field trip; your child shall be expected to attend school as usual.

All special field trip regulations, local school rules and rules outlined in the Charleston County School District Student's Rights and Responsibilities brochure shall be enforced. The school has taken every precaution to provide for the safety of your child. **Please ensure that your child carries personal identification (e.g., wallet identification card, information card pinned inside pocket for younger children) including the child's name and school, your name and a phone number where you can be reached on the day of the trip.**

The procedure for lunch shall be as follows: \_\_\_\_\_

Transportation for this trip shall be by: \_\_\_\_\_

Cost for the trip shall be: \_\_\_\_\_ payable in cash/by check on or before: \_\_\_\_\_

Checks should be made payable to: \_\_\_\_\_

\_\_\_\_\_  
Teacher's signature/date

\_\_\_\_\_  
Principal's signature/date

# Charleston County School District Field Trip Permission Signature Form

I grant permission for my child, \_\_\_\_\_, to go on the field trip  
to \_\_\_\_\_ on \_\_\_\_\_

(or as described on the attached schedule). I have discussed with my child the expectations for his/her behavior while on this trip.

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Parent/Legal guardian signature

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Date

\_\_\_\_ My child has the following medical condition(s): \_\_\_\_\_

*Please check with the school office to secure directions/medications/information.*