

FRANKLIN COUNTY SCHOOL DISTRICT
FIELDTRIP REQUEST—FORM B

Name _____ School/Dept. _____

Date (s) _____ Grade/Subject _____

Event _____ No. of Students _____

Location _____ Type of Transportation _____

Note: If you need a bus for this trip please
fill out form **A** for approval
from the transportation department.

Est. Cost _____ Type of funding _____
(mileage, meals, etc.) (Fundraiser, district)

Name (s) of other adults attending this event _____
(chaperones, teachers, assistants)

EMPLOYEE'S

SIGNATURE _____ **DATE** _____

.....
ACTION BY SUPERVISOR

Request has been _____ Approved _____ Not Approved

PRINCIPAL'S SIGNATURE _____ **DATE** _____

.....
ACTION BY SUPERINTENDENT OF EDUCATION

Request has been _____ Approved _____ Not Approved

SUPERINTENDENT'S SIGNATURE _____ **DATE** _____

(Revised 9-20-16)