

**BALTIMORE COUNTY PUBLIC SCHOOLS
FIELD TRIP PROPOSAL
DAY AND EXTENDED-DAY FIELD TRIPS**

This form must be submitted to the school principal 20 days prior to scheduled departure.

1. School Name: _____

2. Sponsoring Teacher (s): _____

3. Section or Grade/Student Group: _____ <attach list of all student participants>

4. Number of Students: _____

5. Trip Destination: _____

Contact Person at Site Destination: _____ Phone No. _____

6. Date of Departure: _____ Date of Return: _____

7. Time of Departure: _____ Time of Return to School: _____

8. Names and cellular numbers of all accompanying teachers:

1. _____ Cell: _____

2. _____ Cell: _____

3. _____ Cell: _____

4. _____ Cell _____

5. _____ Cell _____

6. _____ Cell _____

9. Transportation:

1. Bus

a. County School Bus: _____ Yes _____ No

b. Name of BCPS-Approved Contractor: _____

Contact Person: _____ Phone No.: _____

2. Other – Please specify: _____

10. Cost Per Pupil: \$ _____

11. Source of Funds

Baltimore County Public Schools Instructional Budget

School Activity Funds

Other: _____

12. Pre-planning Activities with Students:

13. Follow-Up Activities:

14. Class Coverage: Yes No <if yes, complete coverage section below>

Class requiring coverage	Person Covering	No.	Class requiring coverage	Person Covering	No.

15. Does the Trip involve High Risk Activities? Yes No (If yes, continue below)

1. *Request for Risk Management Review* form submitted and approved: Yes No

2. Copy of approved *Request for Risk Management review* form attached: Yes No

16. Detailed itinerary for each day of trip attached: Yes No <required>

17. Ratio of chaperones to students: _____ chaperones per _____ students.

18. Each contract, lease or agreement required for the trip and/or for participation in the trip is attached: Yes No

19. Purpose of Trip <*detailed plan on how the objectives of the trip directly relate to the curriculum/instructional program and anticipated outcomes*>

Sponsoring Teacher Signature: _____ Date: _____

Approval Signatures Required:

School Principal (Print): _____ Date: _____

School Principal (Sign): _____ Date: _____

Executive Director, School Support (Print): _____ Date: _____

Executive Director, School Support (Sign): _____ Date: _____

Final Decision: **Approved** **Denied**

Reason for Denial: _____