



DOOTHAN CITY SCHOOLS - FIELD TRIP APPLICATION FORM

INSTRUCTIONS FOR THE FIELD TRIP APPLICATION FORM

- Please print neatly or type as this form will be taken to the Board for approval.
- Approval Workflow (all signatures are required):
 - Teacher/Sponsor
 - Nurse (if applicable)
 - Principal
 - Transportation Supervisor
 - Administrative Assistant to the Superintendent

- All field trips must be Board approved.
- The Field Trip Application Form must be completed in full before taking it to the Board. If it is not completed in full it will be returned to the school.
- Purchase Order must be attached to the Field Trip Application Form.
- *An agenda stating the educational purpose of the trip must be attached for all non-athletic trips.
- The Superintendent's office must receive the original completed form no later than noon on the Monday prior to the Regular School Board meeting to be placed on the Board Agenda. Due dates are:

August 9, 2021	December 6, 2021	April 11, 2022
September 13, 2021	January 10, 2022	May 9, 2022
October 11, 2021	February 14, 2022	June 13, 2022
November 8, 2021	March 7, 2022	

- Submission of an application does not guarantee approval; approval does not guarantee availability of transportation.
- Unless unforeseen circumstances exist, forms must be submitted to the Transportation Department 15 days in advance.
- Once Board approved, the Superintendent will sign it and a copy of the Field Trip Application Form will be returned to the school and the original will be sent to the Transportation Department.



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PLEASE PRINT

Date Submitted: _____ Purchase Order #: _____

Print Name of Teacher/Sponsor: _____ Cell Number: _____

School: _____

Grade(s): _____ Team(s)/Group(s): _____

Trip Destination: _____

Address: _____

Leave Date: _____ Return Date: _____

Departure Time: _____ Return Time: _____

*Purpose of Trip: _____

If overnight, please provide lodging information below:

Number of Passengers: Capacity 68 Elementary / 48 Middle and High School

Class/Bus #1: _____

Class/Bus #2: _____

Class/Bus #3: _____

Class/Bus #4: _____

Please select one of these options: Charter Bus Spare Bus without a Driver Bus with a Driver

Comments/Request: _____

Teacher/Sponsor Signature

Principal Signature

Nurse Signature

Transportation Supervisor Signature

FOR SUPERINTENDENT'S OFFICE ONLY:	
Date received: _____	Received by: _____
Date Board Approved: _____	Superintendent's Signature: _____
Date copy returned to School: _____	Date original sent to Transportation: _____