PINELLAS COUNTY SCHOOLS
FIELD TRIP INFORMATION SHEET FOR OVERNIGHT STAY

Please submit this form and all attachments at least four (4) weeks prior to the field trip.

Teacher ___________________________ School ___________________________

Event ___________________________ Date of Trip _________________________

Date this form is submitted ___________________________ __ Application for Field Trip attached

Location of event ___________________________ Hotel/Motel/Campus __________

_ TDE has been submitted

1. Invitation/Announcement __ Attached to this form

2. Itinerary (Daily) __ Attached to this form

   Departing Date & Time ___________________________

   Return Date & Time ___________________________

   Student will miss ( ) days of school and are aware that it is their responsibility to make up missed assignments.

3. Cost per student: $ _______ which includes

   _ Registration _ Travel Expenses _ Hotels _ Meals

   _ Other ___________________________

   _ No student will be denied the trip because of lack of funds.

4. How the trip is funded:

   _ Students pay their own way

   _ School organization ___________________________

   _ Fund raisers approved by the school administration

5. Rationale for the trip:

   _ Competition

   _ Other ___________________________

6. Who will pay for substitutes?

   _ Specialist

   _ Internal Funds Account ___________________________

   _ Other ___________________________

7. Who will pay chaperone expenses?

   _ Internal Funds Account ___________________________

   _ Other ___________________________

8. Type of transportation:

   _ Personal passenger vehicle

   _ Commercial airline

   _ Rental vehicle with insurance purchased

   _ Commercial carrier from authorized carrier list

9. Private vehicle information:

   _ Automobile drivers must show proof of PIP and liability insurance

   _ Automobile drivers must show proof of operator license

10. Parental permission

    _ On file at school

11. Principal ___________________________ Date ___________________________

12. Subject Area Specialist ___________________________ Date ___________________________

13. Area Office ___________________________ Date ___________________________

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Category B
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