

# MOREHOUSE PARISH SCHOOL BOARD

## Request for Approval for Educational Field Trip

Circle the Funding Source/s: 21<sup>st</sup> CCLC      Student Fees  
 School Fund: Circle the source of school fund: Clubs

General Fund      Band  
 Cheerleader      Athletics

This request should be submitted at least 3 weeks prior to the event and contain the signature of the principal indicating approval. Also, travel arrangements must be made through the school principal including obtaining a bus and a bus driver if required.

School: \_\_\_\_\_

Teachers (list all participating): \_\_\_\_\_

Subject: \_\_\_\_\_

Grades Involved: \_\_\_\_\_

IEP objective to be addressed: (if applicable) \_\_\_\_\_

LSS/GLE's addressed: \_\_\_\_\_  
 Brief Trip Description \_\_\_\_\_

Destinations (★All places are to be designated and purpose noted): \_\_\_\_\_

Date of Event: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
 Total Number of Hours: \_\_\_\_\_ Number of Students Participating: \_\_\_\_\_ Number of chaperones: \_\_\_\_\_

**Expenses Involved:** Must be stated exactly. The expense list must include costs of bus driver and estimated mileage, along with admission fees or food/lunches if needed. **Cost of food/lunches will be approved only if there is a purpose in purchasing the lunch which must be stated in the above objectives.** With advanced notice, the school cafeteria will prepare a sack lunch when students will be away during the lunch period.

**If a check needs to be cut prior to the event, indicate with an \* in the appropriate column and write to whom the check is to be written.**

Need Check	How Many?	Expenses	Issue Check To:	Exact Amount
N/A		Bus Driver (Estimated Average Hourly Rate Plus Benefits \$30.07)	N/A	\$
N/A		Estimated Miles x \$.725	N/A	
		Admissions Cost _____ Students @ \$_____		
		Food (See Above Requirements)		
			<b>TOTAL COST:</b>	\$

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Approved as submitted.

\_\_\_\_\_ This request is approved as amended. \_\_\_\_\_

\_\_\_\_\_ This is not approved for the following reason(s). \_\_\_\_\_

Special Services Supervisor Signature: (if applicable) \_\_\_\_\_

Date: \_\_\_\_\_

Curriculum/Instruction Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Transportation Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Grant Supervisor Signature: (if applicable) \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:**

All receipts must be returned to the office within **48 hours** of the field trip. (Those failing to comply will forfeit their rights to field trips for the remainder of the school year.)

\*\*\*If using school funds, please verify fund availability before submitting the form to the Superintendent's Office. \*\*\*

Revised January 7, 2026