

NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

School SHS	Today's Date 4/10/23
	ield Number of Students + bd Ck
• • • • • • •	ack meet
	MOE VIEW
	Return Date 5/27/23
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Accommodations: Holiday Inn Express 7	aloma South
Source of Revenue: TTNIETIC, GA	en.
Fundraising Activities N JA	.0.001=
Individual Student Cost	Total Group Cost
How was this activity/trip available to any interested a	und/or eligible student(s) Tryouts
How was this trip promoted to all interested/eligible st	tudents? Website, Smore, etc.
Will any student(s) be excluded from this trip due to the	he inability to pay?
Insurance (special coverages) \bigcap / \bigcap	
Purpose of Trip (include the educational value) T	
State Competiti	
Has this trip been previously taken?	es, when? <u>2022</u>
List of chaperones and students MUST be attached if students of each gender are attending.)	to this form. (Chaperones must be of each gender
1. Additional information needed: 2. Insurance coverage to be arranged through the insurance 3. Parent permission and medical authorization forms go to 4. All district employees need to submit a travel request for 5. Notify the school nurse. Signature of Initiator	the principal.
For Administration Use Only:	
Board approval needed. Will be submitted on 5/2 Approved	
Superintendent or Designee Signature	Date