

HAZLEHURST CITY SCHOOL DISTRICT
119 Robert McDaniel Drive
Hazlehurst, MS 39083

Mr. Cloyd Garth Jr., Superintendent

Field Trip Request Form

Today's Date: _____

School/Department Requesting Trip: _____

Date of Field Trip: ___/___/___ Destination: _____

Purpose/Benefit of Field Trip: _____

Safety Monitor (required by law): _____ # of Students: _____ # of Parents: _____

Time of Departure: _____ Estimated time of Return: _____

Total estimated cost of trip: \$ _____ Per Student Cost (if required): \$ _____

Source of Funds: ___ District Funds ___ Activity Funds ___ Federal Funds ___ Athletics
___ Other _____

Supervising Employee: _____ Date: _____

Principal/Supervisor: _____ Date: _____

___ Approved ___ Denied: _____

(Reason)

Transportation Director: _____ Date: _____

___ Approved ___ Denied: _____

(Reason)

Superintendent: _____ Date: _____

Driver(s)	Phone Number	Chaperone(s)	Phone Number
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_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Approval will not be granted until a complete student roster is provided.