

**Zachary Community School District**

**Field Trip Request Form**

*This form is to be used when students take any trip off campus for school purposes.  
Must be received by the Superintendent's Office at least 15 working days prior to trip.*

<b>Field Trip Category:</b> <input type="checkbox"/> Academic <input type="checkbox"/> Athletic <input type="checkbox"/> Club <input type="checkbox"/> Other: _____	<b>Trip Type:</b> <input type="checkbox"/> Day <input type="checkbox"/> Extended Day <input type="checkbox"/> Overnight <input type="checkbox"/> Out of State <input type="checkbox"/> Foreign	<b>Today's Date:</b>  _____	<b>School:</b>  _____	
		<b>Date(s) of Field Trip:</b>  _____	<b>Departure Time:</b>  _____	<b>Return Time:</b>  _____

<b>Proposed Field Trip Location(s):</b>  _____	<b>Sponsor:</b> <b>Contact Person:</b>  _____
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<b># of Teachers:</b>	<b># of Staff:</b>	<b># of Admin:</b>	<b># of Parents:</b>	<b># of Students:</b>
<b>Transportation:</b> <input type="checkbox"/> First Student <input type="checkbox"/> ZCSD Bus <input type="checkbox"/> ZCSD Lift <input type="checkbox"/> Charter Bus <input type="checkbox"/> Parent Transportation <input type="checkbox"/> Private Vehicle <input type="checkbox"/> 504 Van <i>(Students are not permitted to drive other students.)</i>		<b>First Student:</b> # of Buses: _____ # of Drivers: _____ # Lift Buses: _____  <b>Uniform police officer requested?</b> Yes _____ No _____  (School will receive invoice)	<b>ZCSD Bus:</b> # of Buses: _____ # of Drivers: _____ # Lift Buses: _____  <b>Drivers Names:</b>  _____	<b>Charter Bus:</b> Carrier: _____ # of Buses: _____ <input type="checkbox"/> Certificate of Liability  <b>Personal Vehicles</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Proof of Liability Insurance

<b>Curriculum Justification:</b>  _____	<b>Finances:</b> Admission Cost: _____ Transportation Cost: _____ Total Cost: _____ Means of Financing: _____ Student Contribution: _____
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<b>Trained administrator of medications:</b>  _____	<b>Principal Signature:</b>  _____
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<b>Field Trip Checklist:</b> <input type="checkbox"/> Itinerary Attached <input type="checkbox"/> Parent Notice Attached <input type="checkbox"/> Special Accommodations Requirements <input type="checkbox"/> School Nurse Notified <input type="checkbox"/> Cafeteria Notified/Meals Arrangements <input type="checkbox"/> Field Trip Rosters – Copy left at School Site	<b>To be completed by Main Office Staff:</b> <b>The above field trip has been evaluated and is classified as:</b> (please check on choice in each category) <b>Type:</b> <input type="checkbox"/> Educational <input type="checkbox"/> Non-Educational <b>Status:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  Approved by: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Supervisor of Curriculum</span> <span>Date</span> </div> <hr style="width: 100%; margin-top: 10px;"/> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Director of Operations</span> <span>Date</span> </div>
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## BAG LUNCH REQUEST FORM

**TODAY'S DATE:** \_\_\_\_\_

Fifteen (15) days advance notice is required to place orders and to assure lunches conform to the CNP State Regulations of a reimbursable meal. The day before the trip, the teacher must confirm the number of lunches with the school's Child Nutrition Manager. Requests for bag lunches served during the month of May must be submitted by the last day in April.

Child Nutrition will prepare only the number of bag lunches requested. Expect delays and substitutions for extra lunches requested the day of the field trip. Be prepared to provide an ice chest and ice in order to transport milk unless availability is confirmed with the cafeteria manager in advance. Teachers are responsible to count and sign confirming the number of bag lunches ordered equals the number requested prior to leaving with bag lunches.

DATE OF FIELD TRIP/EVENT: \_\_\_\_\_

CLASS OR CLUB NAME: \_\_\_\_\_

NAME OF TEACHER/SPONSOR: \_\_\_\_\_

MY SIGNATURE BELOW VERIFIES THE FOLLOWING:

THE FOLLOWING NUMBER OF MEALS ARE REQUESTED AT THE DATE AND TIME INDICATED BELOW:

NUMBER OF STUDENT MEALS: \_\_\_\_\_

NUMBER OF MILK: CHOC \_\_\_\_\_ WHITE \_\_\_\_\_ STRAWBERRY \_\_\_\_\_

\*\*\*\*\*ZELC students are limited to white milk only.

NUMBER OF TEACHER/SPONSOR MEALS (\$4.50 EACH): \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

THE ATTACHED LIST INCLUDES THE NAMES OF ONLY THOSE STUDENTS RECEIVING A BAG LUNCH FOR THIS EVENT.

PRINTED NAME OF TEACHER/SPONSOR: \_\_\_\_\_

SIGNATURE OF TEACHER/SPONSOR: \_\_\_\_\_

\*Please return this page to the CNP Manager.