**Troup County Schools**

**FIELD STUDY OVERNIGHT/OUT OF STATE TRIP**

Revised 11-21-14

Directions: Complete this form for any overnight or out of State Trips and submit to your Versa Trans Trip Tracker Contact to allow them to submit the request at least **40 working days prior to the requested trip**. If approved by the school, an electronic copy will be submitted to the Transportation Department.

Club/Group/Organization **Trip Name**: **Trip Date**:

(Include School Initials)

Trip Type

Funding Source: Athletics Club CTAE Federal General Internal Grant PTO Student/Parent Paid

Activity Type (Club/Organization/Class/Team)  

Reason for Trip:  



(Description of activity & how does this support your curriculum/school objective)

Account (Check All Boxes That Apply): Academics Athletics  CTAE Out of State/Overnight  Private Carrier

Non-Bus/Car/Box Truck  Pre-K

Origin: (Where the Trip Begins) 

Departure Date:  Departure Time: 

Return Date: Return Time: 

Destination: (Include Name and Complete Address) (If new location you must include city and state on the name line also)

Name - 

Address - 

City/State/Zip Code - 

Arrival Date:   Arrival Time: 

Departure Date:  Departure Time: 

Mode of Transportation (Check One)  TCSS Bus  Non Bus/Car/Box Truck  Private Charter  Other

Number of Adults:   Number of Students:  Number of Wheelchairs:  Number of Vehicles: 

Special Accommodations:  

All Teacher/Sponsor Names:  Phone Numbers:  

Notes: 

(First line of notes must be the cost per student)

Lunch Provisions (if required)

Number Students Eating Number of Adults Eating  Number Special Lunches Total Lunches Needed 