

**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