



# **FULTON INDEPENDENT SCHOOL**

## **Academic and Athletic Field Trip Request Form**

Fulton Independent School K-6 (1-270-472-1637), Fulton Independent School 7-12 (1-270-472-1741)  
 Fulton Preschool (1-270-472-5758), (Fulton Independent School District (1-270-472-1553))

**1. Please fill out this form completely and receive appropriate approval and signatures.**

<b>Faculty/Staff Name:</b> _____	<b>School:</b> (Check) <input type="checkbox"/> <b>PS</b> <input type="checkbox"/> <b>K-6</b> <input type="checkbox"/> <b>7-12</b>
<b>Grade Levels Attending:</b> (Circle all that apply) <b>PS</b> <b>K</b> <b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b> <b>7</b> <b>8</b> <b>9</b> <b>10</b> <b>11</b> <b>12</b>	
<b>Number of Students:</b> _____	
<b>I seek authorization to travel to:</b> (Location & City) _____	
<b>For the purpose of:</b> _____	
<b>Educational Objectives to accomplished on trip:</b> _____	
_____	
_____	

<b>List all teacher/staff in charge:</b>
<b>Contact Phone Numbers while on trip:</b> _____

<b>List all Chaperones attending:</b>
<b>Driver Name:</b> _____ <b>Phone:</b> _____ <b>Cell:</b> _____

<b>Date of Departure:</b> _____	<b>Date of Return:</b> _____
<b>Time of Departure:</b> _____	<b>Time of Return:</b> _____

**Transported By:**  School Bus  Commercial Carrier  Leased Vehicle  Other (please specify: \_\_\_\_\_)

<b>Name of Hotel or Motel:</b> _____	<b>Phone Number:</b> _____
--------------------------------------	----------------------------

**2. Faculty/Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3. Principal/Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_ [  Approved  Not Approved ]  
 Program Category: \_\_\_\_\_ Code: \_\_\_\_\_ Check needed:  Yes  No  
 Director/Coordinator: \_\_\_\_\_

**4. Transportation Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_ [  Approved  Not Approved ]  
 Food Service Director: \_\_\_\_\_ Special Request: \_\_\_\_\_  
 Health Coordinator: \_\_\_\_\_

**5. Superintendent/Designee:** \_\_\_\_\_ (If Required).