



Request For Approval of Field Trips

Mental Health Services

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

[Reg. 400-05](#)
Form #069-F03
July 2023

Clear Form

TRIP INFORMATION				
School:			Grade or Activity:	
Destination:				
No. of Students:		No. of Staff Members:		No. of Chaperones:
Time:	Date:	Place of Departure:		
Time:	Date:	Place of Return:		
Purpose:				
Academic Focus:				
Funding Source:				
Transportation:	Walking	School Bus	Private Vehicle	Commercial Carrier
	Metro Bus or Rail	County Vehicle	Leased Vehicle	
Commercial Carrier Name _____				
Number of Buses needed: _____		Does this require facilities for Special Needs?		Yes No
REQUESTER				
Teacher:		Teacher's Cell Number:	Date:	
APPROVAL				
Principal or Designee:			Date:	
Comments:				
Director: (Required for extended and overnight trips)			Date	
Comments:				
Executive Director: (Approval required for exceeding maximum mileage guideline)			Date	

FIELD TRIP DRIVER'S LICENSE & VEHICLE INSURANCE INFORMATION

(Required when transporting students on field trips in personal or leased vehicles.)

Information on the driver and the driver's liability insurance is required for all personal and leased vehicles used to transport students. (Not applicable to school bus or commercial bus drivers or vehicles.)

FIELD TRIP PLAN

(To be completed by the teacher.)

Specific Trip	Repeated Trip
Date:	Explain:
Destination:	
Purpose:	

DRIVER AND INSURANCE INFORMATION

(To be completed by the driver and the owner or lessee of vehicle.)

PART I. DRIVER			
Name:			
Student	Parent	Teacher or Staff Member	Other
Operator's License No:	State:	Exp. Date:	
<p>I certify that the vehicle I will use for this field trip:</p> <p style="text-align: center;">Meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger car occupant protection standards (at the time the vehicle was manufactured).</p> <p style="text-align: center;">Has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified).</p>			
Date:	Driver's Signature:		
PART II. INSURANCE			
Owner or Lessee of Insured Vehicle:			
Insurer:			
Date:	Owner's or Lessee's Signature:		

SCHOOL PRINCIPAL APPROVAL

Date:	Principal's Signature
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