



Request For Approval of Field Trips

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

Reg. 414-01
Form #069-F03
PART A - TRIP APPROVAL

TRIP INFORMATION

School:				Grade or Activity:	
Destination:					
No. of Students:		No. of FCPS Employees:		No. of Chaperones:	
Trip Type:	☐ Day ☐ Extended Day ☐ Overnight <i>For overnight trips, complete Part B - Master Participant List.</i>				
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:			Buses needed:		Special Needs? ☐ Yes ☐ No

REQUESTER

Teacher-in-Charge:		Teacher-in-Charge's Cell Number:		Date:	
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APPROVAL

Principal or Designee:		Date:	
Comments:			
Director: (Required for extended-day and overnight trips)		Date:	
Comments:			
Executive Director: (Approval required for exceeding maximum mileage guideline)		Date:	

For overnight trips, all FCPS employees participating as part of their employment responsibilities must be identified in Part B.
Employees anticipating travel-related expenditures or reimbursement must complete the Extended Days Travel Approval Form.

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-in-Charge.)

Specific Trip	Repeated Trip
Date(s):	
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:
I certify that the vehicle I will use for this field trip: Meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger car occupant protection standards (at the time the vehicle was manufactured). Has a certified seat and seat belt for each passenger (owner- or dealer-installed seats and/or seat belts are not certified).		
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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Master Participant List

Frederick County Public Schools
191 South East Street | Frederick, Maryland 21701
Employee and Chaperone Roster

Reg. 414-01

Form #069-F03

PART B - MASTER PARTICIPANT LIST

List all FCPS employees participating as part of their employment responsibilities and all approved chaperones.

An FCPS employee serving solely as an approved chaperone should be listed as a chaperone, not as an FCPS employee.

School:	Destination:	Trip Date(s):
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Name	Type	School/Department or Relationship	Role / Assignment	Travel Expenses or Reimbursement?*
	☐ Employee ☐ Chaperone			☐ Yes ☐ No
	☐ Employee ☐ Chaperone			☐ Yes ☐ No
	☐ Employee ☐ Chaperone			☐ Yes ☐ No
	☐ Employee ☐ Chaperone			☐ Yes ☐ No
	☐ Employee ☐ Chaperone			☐ Yes ☐ No
	☐ Employee ☐ Chaperone			☐ Yes ☐ No
	☐ Employee ☐ Chaperone			☐ Yes ☐ No
	☐ Employee ☐ Chaperone			☐ Yes ☐ No
	☐ Employee ☐ Chaperone			☐ Yes ☐ No

* Travel-related expenditures/reimbursement applies to FCPS employees participating in their employment capacity.

Employees anticipating travel-related expenditures or reimbursement must complete the Extended Days Travel Approval Form in accordance with FCPS travel procedures.

Part B, Pages 1, 2, and 3 together constitute the master list of students, FCPS employees, and chaperones for the field trip.

Teacher-in-Charge Certification:

I certify that the individuals listed on Part B have been identified as part of the field trip pre-approval process and/or approved chaperone process, as applicable.

Teacher-in-Charge:	Date:
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Student List

Attachment to Request for Approval of Field Trips - Form #069-F03

School:	Destination:	Trip Date(s):
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Student Name	Grade	Assigned Employee/ Chaperone	Transportation / Bus Assignment

Part B, Pages 1, 2, and 3 together constitute the master list of students, FCPS employees, and chaperones for the field trip.

Teacher-in-Charge:	Date:
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Student List

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School:	Destination:	Trip Date(s):
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Student Name	Grade	Assigned Employee/ Chaperone	Transportation / Bus Assignment

Part B, Pages 1, 2, and 3 together constitute the master list of students, FCPS employees, and chaperones for the field trip.

Teacher-in-Charge:	Date:
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