

**School-Related Student Trip Proposal Form**  
**SIMPSON COUNTY SCHOOLS**

**Teachers/Activity Sponsors:** Requests should be made to the Principal at least 2 weeks prior to the trip.


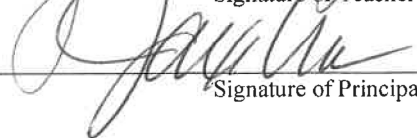
Staff Name: <u>Justin Mitchell</u>	Submission Date: <u>9/20/23</u>
School: <u>FSMS</u>	Grade/Class/Group: <u>8<sup>th</sup> grade</u>

Name of Event/Activity: <u>Colonial Williamsburg</u>	Location: <u>Williamsburg, VA</u>
Date of Event/Activity: <u>11/29/23 - 12/3/23</u>	Departure Time: <u>6:00 am</u> Return Time: <u>6:00 pm</u>
Description of Event/Activity (include educational purpose): <u>Annual Advanced Social Studies trip to Colonial Williamsburg, Jamestown, &amp; Yorktown. Students research Colonial trades/topics &amp; then come back &amp; put on a Colonial Fair for 5<sup>th</sup> grade, 8<sup>th</sup> grade, &amp; community.</u>	

# of Students: <u>44</u>	# of Adults: <u>15</u>
<b>Fees</b> (Note: Parents may see a higher fee due to an administrative fee that may be added. Your school bookkeeper and Principal will determine the final costs of all trips.)	
Fee per Student: <u>\$350</u>	Fee per Adults: <u>\$450</u>
Fee to be paid by (check all that apply):	School: <input type="checkbox"/> Student/Adults: <input checked="" type="checkbox"/>
Transportation (check all that apply): Bus: <input type="checkbox"/> Walk: <input type="checkbox"/> Other: <input checked="" type="checkbox"/> (Please specify): <u>Charter Bus</u>	
Meals (check all that apply): None: <input type="checkbox"/> Provided by School: <input type="checkbox"/> Provided by Parent: <input type="checkbox"/> Other: <input checked="" type="checkbox"/> (specify service and location): <u>Throughout Williamsburg</u>	

Posting Date (parents will see item online this date):	<u>9/16/23</u>
Purchase Deadline (date until trip will be available online):	<u>11/15/23</u>
Revenue Coding/Deposit Category:	

This field trip is part of the instructional program and will contribute significantly to the achievement of the School's/District's instructional goals. All chaperones have undergone the required records check and have been approved by the Principal/designee to supervise students.

<u></u> Signature of Teacher	<u>9/20/23</u> Date
<u></u> Signature of Principal	<u>9/20/23</u> Date
_____ Approved by Superintendent	_____ Date

**Return form to school bookkeeper.**

BC