

**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.

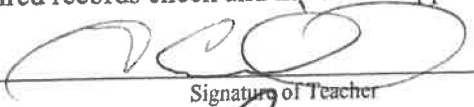
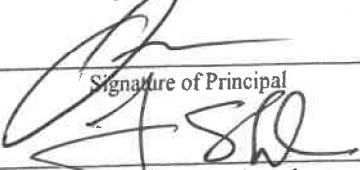
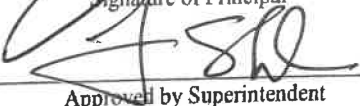
Staff Name: <u>Todd Caudill</u>	Submission Date: <u>2/27/24</u>
School: <u>FSHS</u>	Grade/Class/Group: <u>HS SOFTBALL</u>

Name of Event/Activity: <u>Softball Beach Bash</u>	Location: <u>Fort Walton, Florida</u>
Date of Event/Activity: <u>3/30/24 - 4/6/24</u>	Departure Time: _____ Return Time: _____
Description of Event/Activity (include educational purpose): <u>VARSITY SOFTBALL Games throughout the week</u>	

# of Students: <u>15</u>	# of Adults: <u>4</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: _____	Fee per Adults: _____
Fee to be paid by (check all that apply):	School: <input type="checkbox"/> <input checked="" type="checkbox"/> Boosters 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>Travel with Parents</u>
Meals (check all that apply):	None: <input type="checkbox"/> Provided by School: <input type="checkbox"/> Provided by Parent: <input checked="" type="checkbox"/>
	Other: <input checked="" type="checkbox"/> (specify service and location): <u>BOOSTER CLUB</u>

Posting Date (parents will see item online this date):	_____
Purchase Deadline (date until trip will be available online):	_____
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.

 _____ Signature of Teacher	<u>2-27-24</u> _____ Date
 _____ Signature of Principal	<u>2-28-24</u> _____ Date
 _____ Approved by Superintendent	<u>3/4/24</u> _____ Date

**Return form to school bookkeeper.**