

## Madison City Schools Field Trip Request

Teacher: Dewayne Perkins School: JCHS

Destination: Dave and Busters

Date From: 4/21/23 To: 4/21/23

Departure Time: 8:45 Return Time: 1:00 Number of Students: 250 Grade: 12

Teacher(s)/Staff Attending Trip: Myself and 15 other teachers

Chaperones: \_\_\_\_\_

Type of Transportation: Bus Teacher/Chaperone to Student Ratio: 15:1  
(Secondary 1:15, Elementary 1:10)

How will class be covered: (Check One)

☒ Substitute ☐ In House

Funding Source (Check One)

☐ School System  
☐ Local School (Please submit check)  
☐ Individual (Please submit check)  
☐ Other \_\_\_\_\_

**This section must be filled out completely.**

☒ **Instructional (Check the appropriate box)**

☒ Yes ☐ No Will instructional time be consumed?  
If yes, how much? All Day

☒ Yes ☐ No There has been advanced coordination  
with the trip site to assure intended  
objective can be met?

☐ Yes ☒ No There has been student preparation  
and study concerning this trip.

☐ Yes ☒ No Are there children attending the field trip that have special medical requirements?

☐ **Extracurricular (Check the appropriate box)**

☐ Yes ☐ No Will instructional time be consumed?  
If yes, how much? \_\_\_\_\_

☐ Yes ☐ No Has the group qualified by achieving specified  
results in similar events?

☐ Yes ☐ No Is this the next level of competition and is it  
sanctioned by an association or organization  
in which the school is a member?

What is the purpose and how is the trip related to your program of instruction/standard? Senior trip for Senior Day at JCHS

In compliance with [Board Policy 6.5](#) concerning field trips, I am requesting permission for my students to participate in the trip identified above.

Signed: Dewayne Perkins  
Sponsoring Teacher

Date: 1-6-23

☒ Approved  
☐ Disapproved [Signature]  
Principal

Date: 1-9-23

☒ Approved  
☐ Disapproved Shawn Powell  
Coordinator

Date: 1/9/23

# Madison City Schools

## Field Trip Permission Slip

School: James Clemens HS Grade: 12 Date: 1/6/23

### Memorandum to Parents:

On 4/21/23 our class will be taking a field trip to Dave and Busters  
Date Name of Place

At JCHS at approximately 8:45 o'clock.  
Location Time

To JCHS at approximately 1:00 o'clock  
Place of Return Time


Mode of Transportation: Bus

We would like for your child to accompany us on our trip. Supervision will be provided for all students. Your child is expected to follow all school/classroom rules.

In event of a date change, you will receive a revised field trip permission slip to sign and return.

Please complete, sign and return the lower portion no later than 3/10/23.  
Date

  
Teacher's Signature

  
Principal's Signature

### Madison City Schools Field Trip Permission Slip

Teacher Name \_\_\_\_\_ School James Clemens HS

☐ I wish ☐ I do not wish

To give my permission for my child \_\_\_\_\_  
Child's Name

To accompany your group on the field trip to Dave and Busters  
Name of Place

At \_\_\_\_\_ on 4/21/23  
Location Date of Trip

Does your child have any medical problems and/or allergies that we should be aware of?  
\_\_\_\_\_

Will your child require any medication on this field trip? \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

The Madison City School System has my permission to seek any medical treatment necessary for my child during a school-sponsored field trip.

Parent's Contact Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**MADISON CITY SCHOOLS**  
**FIELD TRIP ACTIVITY FORM**

**MUST BE SUBMITTED TWO WEEKS IN ADVANCE**

SCHOOL James Clemens GROUP (CLASS, CLUB, ORG., ETC) Senior Class

DESTINATION OF TRIP Dave and Busters

DEPART DATE 4/21/23 TIME BUSES NEEDED AT SCHOOL 8:45

RETURN DATE 4/21/23 TIME BUSES WILL RETURN TO SCHOOL 1:00

*Buses cannot be requested before 8:30AM and must be back by 2:00PM for trips during typical school hours*  
*Buses cannot be requested before 4:30PM for after school activity trips*

PICK UP LOCATION WITHIN THE SCHOOL Bus Loop

NUMBER OF STUDENT RIDERS 250 NUMBER OF FACULTY/CHAPERONES 16

NUMBER OF BUSES NEEDED: REGULAR 6 MINI BUS \_\_\_\_\_

PERSON IN CHARGE OF TRIP Dewayne Perkins CELL PHONE (931) 242-0257

EMAIL pdperkins @MADISONCITY.K12.AL.US

SPECIAL INTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMITTED TRIPS NEEDING TO CANCEL MUST DO SO VIA EMAIL 48 HOURS IN ADVANCE OR  
YOUR SCHOOL WILL BE BILLED THE MINIMUM DRIVING TIME FOR THE TRIP**

FUND TO BE CHARGED: Senior Account 7220

*\*This trip will not be processed without an assigned fund*



PRINCIPAL'S SIGNATURE

or

DEPARTMENT HEAD SIGNATURE

CENTRAL OFFICE APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**Madison City Schools  
COVID-19 Field Trip Guidelines Addendum**

The current field trip protocols/procedures will continue to be followed, in addition to the following procedures, due to the current COVID-19 conditions:

- Participants (students and adults) are expected to follow any COVID protocols set forth by the venue.
- Requesting teachers must attach a copy of the venue's COVID-19 precautions to field trip request forms.
- Please understand these guidelines could change at any time.

**Sponsoring Teacher**



**Date**

1-6-23

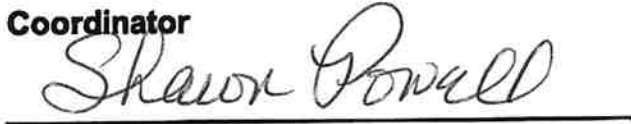
**Principal**



**Date**

1-9-23

**Coordinator**



**Date**

1/9/23