

Field Trip Request Form

Teacher/s: _____ Grade: _____ Telephone Ext.: _____

Date of Trip: _____

Departure Time: _____ Departing From: _____

Return Time: _____ Return To: _____

Trip Destination: _____

Directions and/or map of site with parking instructions and building location must be given to the driver before departure.

Number of Students Going: _____ Number of Students Returning: _____

Number of Teachers: _____ Additional Chaperones: _____

Special Equipment (e.g., lift bus): _____

Educational Goals of the Field Trip: _____

Cost of Trip to Students: _____

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Director of Transportation's Approval: _____ Date: _____

Number of Busses Allocated by Transportation Director: _____

***Dates may not be available due to special circumstances or district activities
Field trip requests will not be processed without proper authorization and signatures***