



Request for Field Trip Approval

PLEASE INDICATE IF A CHECK IS NEEDED FOR THIS TRIP YES NO

Teacher Making Request: _____ School _____

Date Request Submitted _____ Grades/Groups _____

Date of Trip: _____

Specific Purpose of Field Trip and Standard reference: _____

Itinerary/Destination:

Time of Departure: _____ Return time: _____

Teacher and/ or Adult Chaperones

Number of students going: _____

Have dates been confirmed and reservations made? _____

If No, please explain _____

Number of Field Trips this group has had this year _____

Principal's Signature: _____ Date: _____

() Approved () Not Approved for the following reason(s) _____

Superintendent's Signature: _____ Date: _____

() Approved () Not Approved for the following reason(s)