



**FIELD TRIP REQUEST FORM**

All field trip requests must be submitted no less than 60 days prior to the trip to allow for Board approval and payment arrangements.

Teacher(s): \_\_\_\_\_ Date Submitted: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Group: \_\_\_\_\_

Date(s) of trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Anticipated Time of Return: \_\_\_\_\_

# of Students: \_\_\_\_\_ # of Teachers: \_\_\_\_\_ # of Other Adults: \_\_\_\_\_

Is a nurse required for the trip?  Yes  No

Number of eligible students remaining at school: \_\_\_\_\_

If not 0, use additional sheets to describe the provisions made for instruction of these students while in school.

Request for this trip was initiated by:  Teacher  Principal  Other \_\_\_\_\_

Permission Slip Needed:  Yes  No

Is trip on the list of approved field trips?  Yes  No

Cost per person for trip: \_\_\_\_\_ Total Cost of Trip: \_\_\_\_\_ Cost paid by: \_\_\_\_\_

Admissions: \_\_\_\_\_ Housing: \_\_\_\_\_ Meals: \_\_\_\_\_

Costs for Transportation: \_\_\_\_\_ Costs for Transportation Paid by: \_\_\_\_\_

Please include a number for each: \_\_\_\_\_ bus(es) \_\_\_\_\_ van(s) \_\_\_\_\_ van(w/lift)

Use a separate sheet of paper to state objectives for this trip in terms of educational outcomes expected with reference to specific subject areas and/or district goals. Include standards and reference to classroom activities to supplement the trip.

**Official Use**

Principal Recommends:  Approve  Disapprove

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Recommends:  Approve  Disapprove

Signature: \_\_\_\_\_ Date \_\_\_\_\_