

Transportation

Field Trips

**FIELD TRIP REQUEST**

Complete and return to the building principal at least two (2) weeks prior to requested trip

Teacher's Name \_\_\_\_\_

Event & Destination \_\_\_\_\_  
\_\_\_\_\_

Number of students involved (attach list) \_\_\_\_\_

Date \_\_\_\_\_

Time of Departure \_\_\_\_\_

Time of Return \_\_\_\_\_

Chaperones/Sponsors \_\_\_\_\_  
\_\_\_\_\_

Attach a brief description and itinerary of planned trip, reason for the activity, invited guests, and any other relevant information.

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
\_\_\_\_\_

Principal

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
\_\_\_\_\_

Superintendent