

Field Trip Request Form

Date(s) of trip: _____ Date request submitted to Principal: _____

Group applying: _____ Trip Supervisor: _____

*Billed group/account: _____ Estimated costs: _____

Destination: _____

Type of trip: (check one) educational non-educational extracurricular

Time of departure: _____ Return arrival time: _____ Total trip length (miles): _____

Mode of transportation: school bus other: _____ Number of students: _____

Grade(s): _____ Students with medical needs: # _____ Nurse needed: _____

Names of faculty chaperones: _____

Names of other chaperones: _____

Have all chaperones undergone the required criminal records check? Yes No

NOTE: A detailed itinerary/schedule for the trip must be attached to this request.

Curriculum Related Purpose

Goals: _____

Objective: _____

Students Academic Accountability: _____

Trip Sponsor's Signature: _____

Principal's Approval by Signature/Date: _____

Field Trips requiring use of school vehicles require Superintendent/Designee approval.

Superintendent/Designee's Approval by Signature/Date: _____

Field Trips requiring an overnight stay require Board approval.

Board approval date: _____ Superintendent's Signature: _____

*If trip requires a sub-driver for the regular school day run, the group will pay sub driver charges.

Review/Revised:5/22/2017