



Field Trip Request Form

Field Trip Information:

Class/Grade: _____ Destination: _____

Of Students: _____ Date Of Trip: _____

Transportation:

Of Buses: _____ Departure Time: _____ Return Time: _____

Food Service:

Projected Lunches: _____ # Actual Lunches: _____

Other Information:

Describe the activity you wish to attend: _____

Describe how this activity will benefit your class: _____

Anticipated cost of this event: _____

Special Needs/Requests: _____

Requested By: _____ Date: _____

Principal: Approved: _____ Not Appoved: _____ Date: _____

Superintendent: Approved: _____ Not Appoved: _____ Date: _____

Cc: Principal _____ District Office _____ Kitchen _____ Bus Garage _____ Nurse _____

Note: Please attach current medical needs and class list to this form.