

Red Rock Central Schools – Field Trip Request Form

Date: _____

Grade: _____

Field Trip Name: _____

Date of Trip: _____

Location/City: _____

Number of Students: _____

Number of Adults: _____

Total Number: _____

Finance

Check made out to: _____

Address: _____

City, State, Zip: _____

Cost to District: Bus Parking \$ _____

All Tickets \$ _____

Total Cost: \$ _____

Check should be: Sent with the teacher

Sent to the field trip destination

Transportation Information

Depart School: _____ Arrive at Destination: _____

Time to arrive back at School: _____

Name of Bus Driver(s): _____

OK'd by Principal: Yes No

Principal Signature: _____