Field Trip Request, Rationale and Notification

Requesting teacher(s): _________________________________  Cell phone #: __________________  Grade: ________  Date: __________

Date of field trip: _________________________________________  Departure time: ______________  Return time: ______________

Field trip destination/address: ___________________________________________________________________________________

Educational objectives for trip: __________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Number of students participating: ______  Classes participating (list teachers): _____________________________________________

Mode of transportation: Walking _______  Bus _______  Other ____________  Number of buses requested: _________
Transportation paid by: _________________________________________________________

Fee/entry cost for trip destination: Y ___  N ___  How will it be paid? __________________________________________________

Complete the portion above and return to school administration for initial approval. Proceed with bottom portion after initial approval.

_________________________________  Principal’s signature

_________________________________  Superintendent’s signature

Approved Disapproved Date: ______________________ (circle one)

Comments: ____________________________________________________________

Please notify the following staff members a minimum of 1 week before the scheduled field trip and get initials:

Cafeteria _______  Nurse ___________  Secretary _______  Additional staff:
P.E. teacher _______  Computer lab ________

Final Approval:

Sack lunches needed? _______ (two weeks advance notice required)
Special medical needs addressed/First aid kit (two weeks advance notice required) Fees collected Y ___  N ___

Librarian _______  Music _______  Counselor _______  Art _______  Special education teachers (OT, PT, SLP, Psychologist) ________
ESL ________

______________________  Approved Disapproved Date: ______________________  Principal signature

Funding source: _____________________________________________________________  Transportation cost: ______________________