

FIELD TRIP REQUEST

TEACHER

GRADE

DESTINATION

DATE OF EVENT

DEPARTURE TIME

RETURN TIME

COST PER STUDENT / ADULT

REQUIRED ATTIRE

****Please include all learning objectives and attach a detailed itinerary.**

I have arranged for the following parents to provide transportation, for my class, to and from this event:

(Parent's Name)	(Type of Vehicle)	(# seat belts)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* * * * *

(Please make check payable to:)

(Total Amount)

(Teachers Signature)

(Date Submitted)

(Administrative Signature)

(Date of Authorization)

This form MUST be completed and submitted for authorization two weeks prior to event date.