

Field Trip Request Form

Date of Trip: _____ Teacher: _____

Destination: _____

Departure Time: _____ Return Time: _____

Grade of Students _____ Number of Students: _____

Purpose of Trip: _____

1st Trip _____

2nd Trip _____

Yes No Are signed parent release forms informing parents/guardians of all activities planned, times of departure/return, chaperons, means of travel, medical forms and cost of activities on file?

Yes No Is the sponsor aware of school policy on dispensing medication?

Yes No Have instructional staff been notified?

Teacher Signature

Date

Principal Signature

Date

Superintendent Signature

Date