

Highland School District

Field Trip Request

All requests must be submitted to building principal at least four days prior to trip date.

Building: _____Elementary _____Middle _____High

Date of Trip_____Destination/Address_____

Departure Time_____Place_____Return Time_____Place_____

Organization/Group_____

Total Number of Students_____ Number of Students in Wheelchair_____

Names of all Staff Members(s) and Contact Number Going on Field Trip_____

What form of transportation will be used? Bus_____ Van_____ School Car_____

Purpose of Trip_____

Will Students be off campus for lunch? Yes_____ No_____ If so, where?_____

What expenses will the district incur for this trip? _____

What account will district expenditure come from? Activity_____ School Budget_____

What expenses will students incur for this trip?_____

What curriculum standards will this trip address?_____

Principal_____Date_____ APPROVED NOT APPROVED

Highland School District Field Trip Roster

Nurse Signature _____ Date _____

	Student	Health Care Needs
1		
2		
3		
4		
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