

Alden-Hebron District 19 Field Trip Request Form

STEP 1: To be Completed by the Teacher:

Name of Teacher(s): _____ Grade/Class: _____

Date of Request: _____

Date of Trip: _____ Time Leaving School: _____ Time Arriving Back to School: _____

Program Attending: _____

Educational Purpose of Trip: _____

Other Stops: _____

Cost Per Person: _____

Number of Students Attending: _____ Number of Chaperons: _____

Permission Slips to be Returned by: _____

STEP 2: To be Completed by the Transportation Department:

Date Approved by Transportation: _____

Signature of Transportation Department: _____

STEP 3: To be completed by the Kitchen Staff:

Date Kitchen Staff was Notified of Trip: _____ Signature of Kitchen Staff: _____

STEP 4: To be Completed by the Nursing Department:

Name of Students Attending with Health Concerns:

_____	_____
_____	_____
_____	_____

Medication to be Taken on Trip: _____

Name of Health Clerk Attending Trip: _____

STEP 5: To be Completed by Administration:

Date Approved by Administration: _____

Signature of Administration: _____

