**Chilton ISD Field Trip Request Form**

SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GROUP/CLASS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEACHER(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLACE TO BE VISITED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please include physical address)

DATE(S) OF VISIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL DAYS: \_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF DEPARTURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME OF DEPARTURE: \_\_\_\_\_\_\_

PLACE OF RETURN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME OF RETURN: \_\_\_\_\_\_\_\_\_\_

**Number of Students Number of Staff Members Number of Chaperons**

**TRANSPORTATION**

(PLEASE INCLUDE QUANITY)

SMALL BUS LARGE BUS SCHOOL CAR/TRUCK

PRIVATE VEHICLE COMMERCIAL CARRIER/RENTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE/ACADEMIC RELAVANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUESTER**

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| --- |
| TEACHER: DATE: |
| **APPROVAL**  PRINCIPAL SIGNATURE DATE SUPERINTENDENT SIGNATURE DATE |