

SCHOOL TRIP REQUEST

DATE OF REQUEST _____

SCHOOL _____ TEACHER _____

GRADE OR ORGANIZATION _____

DATE OF TRIP _____

DESTINATION _____

SITE OR VISITATION _____

EDUCATIONAL SIGNIFICANCE _____

DATE OF PRINCIPAL REVIEW _____ APPROVED: Y N

PRINCIPAL'S SIGNATURE _____

COMMENTS: _____

DATE OF REVIEW BY

BOARD OR
DIRECTOR _____ APPROVED Y N

DIRECTOR'S SIGNATURE _____