

Date Rec'd Building Office: _____

Date Rec'd Central Office: _____

Rec'd by: _____

Rec'd by: _____

MILAN COMMUNITY SCHOOLS

FIELD TRIP REQUEST

This form must be submitted ten school days prior to trip and be complete, accompanied by a permission slip, itinerary, and other pertinent information. Student lists are subject to approval by the principal/guidance counselor. Overnight and out-of-state trips (except to the greater Cincinnati area) must have school board approval.

Teacher(s)/Sponsor(s) in Charge: _____

Class/Group: _____ Number of Students: _____ Grade(s): _____

Activity/Destination: _____

Educational Objective (specific curricular standards or unique cultural experience are *required* for approval):

Address: _____ Telephone: _____

Date of Trip: _____ Time Leaving School: _____ Time Returning to School: _____

Mode of Transportation Requested: _____

Names of Chaperones: _____

List Approved by Guidance: _____ List Approved by Principal: _____
Initials/Date Initials/Date

Cost per Student: _____ Method of Financing: _____

Periods substitute needed (don't circle prep period): 1 2 3 4 5 6 7

Approved / Disapproved: _____
Principal Date

Approved / Disapproved: _____
Superintendent Date

Approved / Disapproved: _____
School Board (if applicable) Date

Transportation Arrangements: _____