



Marietta Public Schools
Field Trip Request Form

Trip Requested by: _____ Date: _____

Destination: _____ Date of Trip: _____

Organization, Class and/or Grade to participate: _____

Education Benefit of Trip: _____

Time of Departure: _____ Time of Return: _____

Estimated School Cost of Trip: _____

Estimated Student Cost of Trip: _____

Number of Students Attending: _____

Number of Adult Sponsors Attending (Include staff): _____

Teacher Signature: _____ Date: _____
Principal Signature: _____ Date: _____
Superintendent's Signature: _____ Date: _____