

# MILAN C-2 SCHOOLS

## ***FIELD TRIP REQUEST***

NAME OF STAFF MEMBER(S) REQUESTING TRIP: \_\_\_\_\_

DESIRED LOCATION (INCLUDE PHYSICAL ADDRESS):

\_\_\_\_\_

LIST OF ACTIVITIES FOR STUDENTS DURING TRIP: \_\_\_\_\_

\_\_\_\_\_

DATE OF POTENTIAL TRIP: \_\_\_\_\_

FUNDING:

PER STUDENT COST: \_\_\_\_\_

STUDENT ACTIVITY REVENUES (RAISED FUNDS): \_\_\_\_\_

OTHER COSTS: \_\_\_\_\_

ORGANIZATION/GRADE LEVEL/CONTENT AREA SPONSORING TRIP: \_\_\_\_\_

CHAPERONES (AT LEAST ONE STAFF MEMBER FOR EVERY TEN STUDENTS): \_\_\_\_\_

\_\_\_\_\_

PROJECTED NUMBER OF STUDENTS ATTENDING: \_\_\_\_\_

REQUESTED METHOD OF TRANSPORTATION: \_\_\_\_\_

STAFF MEMBER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERINTENDENT APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*\*\*FIELD TRIP REQUEST FORM MUST BE SUBMITTED TO IMMEDIATE SUPERVISOR AT LEAST TWO MONTHS PRIOR TO POTENTIAL TRIP\*\*\***

**\*\*\*PLEASE ATTACH *BLANK* PERMISSION SLIP USED FOR POTENTIAL TRIP\*\*\***