## **Lolo School District #7**

Field Trip Request

(All requests for current year must be submitted by April 1st)

Destination(s):				
Date(s) of trip:		Time of Trip:		
Teacher(s) requesting	trip:			
Specific educational va	alue and standards sup	oported:		
Safety considerations:				
Cell phone contact(s)	for trip:			
Costs of trip: \$		Source of funds:		
Lunch request form:	N/A	Completed (below)	Will be sub	omitted by (date)
Method of travel:		Walk <u>l</u> bus request form must acco		
Approvals: Princi		a bus request form must acce		
Approvais.	yaı			
Super	intendent		_ Date _	
Sta		ER SACK SANDWICH LUNCH ( ! Has Everything You Need F		
Cold Cut Sandwich				
Chips Fresh Veggie & Fruit Cookie				
order will be packed a	nd ready to go with yond prep time we have	to have <u>at least two weeks' r</u>	ir lunch with ca	two weeks in advance. Your ish, check, or lunch account. D
	FIE	ELD TRIP LUNCH REQUEST	FORM	
Teaching Team		Date of Request	: <u>.</u>	_ Date of Trip:
Total number of lunch	es:			
Choice of: 1% Milk	Chocolate Milk	(Select only one type of	milk for entire	group)
Pick up time:	Req	uesting Teacher Initial:		