

**Plainfield Community School Corporation
Field Trip Request**

SCHOOL _____ Day Trip _____ Overnight Trip _____

Date Submitted: _____ Day & Date of Trip: _____

Group/Grade: _____ School Sponsor: _____

Name & Activity: _____

Destination: _____

Contact Person: _____ Contact Phone: _____

Address: _____

Departure Time: _____ Estimated Return Time: _____

Total # of Students: _____ Total # of Chaperones: _____ Total Passengers: _____

of Buses Required: _____ Activity Bus? _____ Pickup at Door #: _____

Cost/Transportation Payment By: _____

Lunch Plans: _____

Other Instructions: _____

Area of Study: _____

Educational Outcomes Planned: _____

Classroom Follow-up Planned: _____

Department Coverage: Yes No (no substitute needed)

Substitute Needed: Yes No (list all personnel, all duties)

| Name | Period | Course/Assignments | Room |
|------|--------|--------------------|------|
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Chaperones:

| Teachers | | Other | |
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Department Chair Approval: _____

Approved: _____ Denied: _____ Date: _____ Principal: _____

Approved: _____ Denied: _____ Date: _____ Assistant Superintendent: _____