

REQUEST FOR FIELD TRIP APPROVAL

Date of field trip: _____

Destination of filed trip: _____

Instructional purpose of field trip and its relationship to the curriculum

Teacher and class/grade _____

Number of students _____ Number of Adults _____

Cost to school \$ _____ Cost to Student \$ _____

Departure time _____ a.m. or p.m. (circle one)

Return time _____ a.m. or p.m. (circle one)

FOR OFFICE USE ONLY

Approved

Denied

Principal's Signature

Assistant Superintendent's Signature