



FIELD TRIP REQUEST FORM

Today's date: _____ Identified students: _____ Grade level(s): _____

Name of school: _____ Person requesting: _____

Purpose for the fieldtrip: _____

Destination: _____ Address: _____

Will there be lodging? **YES NO** If so, where? _____ Cost? _____

Estimated travel mileage: _____ Source of funding: _____

Students will depart from _____ at _____ on _____, and will return
at _____ on _____. Students will travel by _____.

Will there be additional stops? If so, where and reason for stopping _____

Educational Objective of Trip: _____

Alignment to school/district goals: _____

Names of teachers/staff attending:

of Teachers/staff attending: _____

Total number of chaperones: _____?

Has the school nurse been notified and
reviewed the list of student names
participating in the field trip? **YES NO**

Will a substitute be needed? **YES NO**

If so, what funding source? _____

Personal expense for each student: _____ Are parents aware of the required expenses? **YES NO**

Signature of Teacher

Date

Signature of Principal

Date

Chief of Staff

Date

Superintendent

Date

*Request must have lesson/unit plan attached. Forms must be filled out completely and in the
Superintendent's office at least two weeks prior to the trip.*