

FIELD TRIP REQUEST FORM

Submit in **DUPLICATE**. Copy will be returned when approved. Requests are to be submitted to the Administrative Office at least **two weeks in advance**. A permit must be obtained for out of district trips. Please fill out **COMPLETELY ***

Trips are to be concluded and students returned to their building by **2:00 p.m.** In case of emergency, call 834-3380 EXT. 2101 or 834-3380 ext. 2111 to report the nature of the delay.

Please call transportation (834-3380 ext. 2111) two days prior to your field trip to confirm.

PLEASE NOTIFY THE CAFETERIA MANAGER WHEN YOU RECEIVE APPROVAL THAT STUDENTS WILL BE ABSENT DURING LUNCH TIME THE DAY OF THE TRIP.

Name of Teacher/s _____ Grade/Class _____

Building: BHS _____ BE _____ Transportation Expenses Covered By: _____

Number of students taking trip: _____ Number of adults: _____

Number of buses needed: _____ Special Accommodations: _____

Destination: _____

*Address/Location: _____

Day/Date of Trip: _____

*Bus arrival time at bldg. _____ Departure time from building: _____

Start time of field trip Event: _____ *Time of return to building: _____

State way in which this trip fits into your curriculum: _____

Do you plan to stop to eat? _____ *yes* _____ *no* If yes, where? _____
(Must be approved)

Address : _____

Approved: ___ Disapproved: ___ by: _____ Date: _____
Principal

Approved: ___ Disapproved: ___ by: _____ Date: _____
Superintendent

Acknowledged by: _____ Date: _____
Transportation Supervisor

