

## ITAWAMBA COUNTY SCHOOL DISTRICT

Field Trip Request Form

School:		
Group / Grade(s) Attending:	TVC	
Date of Field Trip:	Time Leaving:	Time Returning:
Number of Students:	Name of Bus Drive	er:
<b>Destination</b> (include city/state):		
		T
Staff Member Submitting Requ	est:	1
Chaperones:		
Funds Will be derived from:		
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ames of all students, teachers, and chaperons m ck lunches for students missing a lunch period p p. Is requisition must be completed to request bus rmission slips must be signed by a parent/guar	must be requested to the cafeteri s once this form is approved.	ia manager at least one week before th
	Approved	i Not Approved
Principal / Director Signature		
	Approved	Not Approved
Superintendent Signature		