

FIELD TRIP APPROVAL

_____ of _____
(Teacher's Name/s) (Name of School)

would like to take the _____ class(es) to _____

_____ located in _____, _____
(City) (State)

Number of Students: _____ Number of Chaperones: _____

The educational purpose of the field trip is:

Please list any other planned stops: _____

Please mark means of transportation for trip:

_____ District Van _____ District Bus _____ Charter Bus Other: _____
(Specify)

Proposed Agenda

Date of Trip: _____ Depart From: _____

Departure Time: _____ Estimated Return Time: _____

Teacher's Signature Date: _____

Principal's Signature Date: _____

Superintendent's Signature Date: _____

_____ Approved _____ Not Approved

Out-of-State Travel Approval by Board of Trustees
_____ Approved _____ Not Approved
Date of Board Meeting: _____