Field Trip Request

COPY TO DISTRICT OFFICE AT LEAST 2 WEEKS PRIOR TO FIELD TRIP

Date: Teacher:				Organization:		
Destination:						
Purpose:					_	
Date of Field Trip:				Approximate number of students:		
Campus Departure Time:				Campus Arrival time:		
Cost per person:	per person: Venue writ			/invoice:	(please attach)	
Approved by Student Council	YES	NO	Date:			
Student Council Officer:						
Approved by Administration	YES	NO	Date:			
Administration Signature:						
		Initial	and Date	each step		
Venue has been contacted				Date	Initial	
Parents notified (This includes all additional eligibility requirements)						
Permission slips sent home						
Transportation request completed (Minimum two (2) week prior to departure)						
Support teachers notified (Related Arts/Special Ed/GATE/ELL						
Arrangements made for stude	nts not g	oing*				
Permission slips verified with	Roster(s))				
Roster(s) turned into office						
*Provide details of the arrange	ments fo	or students	not in atten	da <u>nce:</u>		
Contact Name:				Phone Number:		