

REQUEST FOR APPROVAL OF ROUTINE FIELD TRIP

TRIP INFORMATION			
School:		Grade or Activity:	
Destination:			
No. of Students:		No. of Staff Members:	No. of Chaperones:
Time:	Date:	Place of Departure:	
Time:	Date:	Place of Return:	
Purpose:			
POS Correlation or Academic Focus:			
Repeated Trips:			
Music Event Company (if applicable):			
Transportation: <input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Commercial Carrier <input type="checkbox"/> Metro Bus or Rail <input type="checkbox"/> County Vehicle <input type="checkbox"/> Leased Vehicle _____ Commercial Carrier Name			
Number of Buses Needed _____ Does This Require Facilities for Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervision Will Be Provided by Adults Directly. Exception(s), If Any:			

REQUESTER

Teacher:	Date:
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APPROVAL

_____ Principal or Designee	_____ Date
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Comments:
