

# REQUEST FOR FIELD TRIP APPROVAL

Date of field trip: \_\_\_\_\_

Destination of field trip: \_\_\_\_\_

Instructional purpose of field trip and its relationship to the curriculum

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Teacher and class/grade \_\_\_\_\_

Number of students \_\_\_\_\_ Number of Adults \_\_\_\_\_

Cost to school \$ \_\_\_\_\_ Cost to Student \$ \_\_\_\_\_

Departure time \_\_\_\_\_ a.m. or p.m. (circle one)

Return time \_\_\_\_\_ a.m. or p.m. (circle one)

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## FOR OFFICE USE ONLY

Approved

Denied

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Principal's Signature

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\_\_\_\_\_

Assistant Superintendent's Signature