

FIELD TRIP APPROVAL FORM

TEACHER MAKING REQUEST: _____

GROUP(S) GOING: _____

DESTINATION: _____

DATE LEAVING: _____ TIME LEAVING: _____

DATE RETURNING: _____ TIME RETURNING: _____

NUMBER OF STUDENTS: _____

EDUCATIONAL OBJECTIVE:

METHOD OF TRANSPORTATION: _____ BUS _____ OTHER

DRIVER: _____

CHAPERONES: _____

HOTEL (if overnight) _____ # _____

CELL PHONE #'S FOR EMERGENCY CONTACT: _____

TOTAL COST: \$ _____

SCHOOL LEADERS APPROVAL _____ DATE: _____

SUPERINTENDENTS APPROVAL: _____ DATE: _____

BUS DRIVERS: Alan Barker 867-2116, Shawn & Leighann Chilles 863-9920
Matt Slivinsky 863-2283, Brandon Small 863-2395

reminders: parent permission slips, ferry passage from completed