

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 PHONES #'S FOR EMERGENCY CONTACT:

TOTAL COST: \$ _____

Assistant Principal's Approval: _____ DATE: _____

Principal/Superintendent's Approval: _____ DATE: _____

Bus Drivers: Alan Barker 867-2116

Leighann & Shawn Chilles 863-9920

Phil Crossman 863-4618

Matt Slivinsky 863-2283

Brian Wright 863-4659

