Field Trip Form

Date __________________

The following form should be filled out in full and sent to the Superintendent at least seven (7) days before trip. The completed form will be faxed back to your school after it has been approved. Driver should be given a completed seating chart showing where children will sit on the bus before trip begins.

School _________________________ Teacher _________________________________________

Subject or Grade ________________________________ Date of Trip _________________________

Destination ____________________________________ Number of buses needed _______________

Driver’s Name ________________________________ Time of departure from school __________

Itinerary (May not be changed) 1. _______________________________________________

   2. _______________________________________________

   3. _______________________________________________

   4. _______________________________________________

   5. _______________________________________________

Time returning to school __________

Parent permission slips    ______ yes  ______ no

Seating chart for bus completed    ______ yes  ______ no

What is the program that you are attending? (Where are you going?)
_____________________________________________________________________________________

What is the educational significance of this field trip?
_____________________________________________________________________________________

____________________________________  ____ approved  ____ disapproved
Principal

____________________________________  ____ approved  ____ disapproved
Superintendent

____________________________________  ____ approved  ____ disapproved
Transportation

____________________________________  ____ approved  ____ disapproved
Food Service

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