



# Field Trip Request Form

Must be submitted minimum of 2 weeks prior (walking), 1 month for Group transportation or, 2 months for trips requiring board approval.

School: \_\_\_\_\_

Group/Grade: \_\_\_\_\_

Destination: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Day Requested: *M Tu W Th F Sa\* Su\** Date Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Loading at School: \_\_\_\_:\_\_\_\_ AM/PM

Time Departing School: \_\_\_\_:\_\_\_\_ AM/PM

Time Loading at Destination: \_\_\_\_:\_\_\_\_ AM/PM

Time Departing Destination: \_\_\_\_:\_\_\_\_ AM/PM

Board Item *yes, submitted on \_\_\_\_/\_\_\_\_/\_\_\_\_ not required*

Budget Code: \_\_\_\_\_

Eating Lunch at School: *yes no, eating at \_\_\_\_\_*

Cafeteria Notified on \_\_\_\_\_

Cafeteria Lunches Ordered # \_\_\_\_\_ Cooler Provided: *yes no*

Food Allergies: *yes no*

Health Care Plan on File: *yes no* Special Health Restrictions: *yes no* Nurse Required: *yes no*

Nurse Requested on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nurse/Staff Assigned: \_\_\_\_\_

Teacher Name(s)

# of Teachers	
# of Aides	
# of Parents	
# of Students	
# of Nurses	
Total Passengers	

Instructional Aide Name(s)

Busing Provided by Group Transportation:  *yes*  *no*  
 Special Bus Requirements  *luggage*  *mountain driving*  
 *Wheelchair, # \_\_\_\_\_*  *Safety Harness, # \_\_\_\_\_*

Site Administrator's Signature \_\_\_\_\_

Director's Signature \_\_\_\_\_

Approved  Denied Date: \_\_\_\_\_

Office Use Only	
All Paperwork Rec'd	____/____/____
Board Approval	____/____/____
Bus Ordered	____/____/____
Bus Confirmation	____/____/____
Nurse Approval	____/____/____
Cafeteria Approval	____/____/____