



School: _____

Date of Request: _____

Field Trip Information

Destination: _____

Departure Date: _____ Return Date: _____

No. of School Days Missed: _____ Duration of Trip (Days/Nights): _____

Itinerary Attached: Yes ___ No ___

Attending Field Trip

Teacher in Charge: _____ No. of Chaperones: _____

No. of Students attending: _____ Grade Level(s): _____

All parent/guardian permission forms received: Yes ___ No ___

Insurance Requirements met: Yes ___ No ___

Chaperones: _____

Accommodations

Hotel Name: _____

Hotel Contact Info: _____

Transportation – Check all that apply

Bus/Van ___ Private Vehicle ___ Charter Bus ___ Rental Van ___ Airline ___

Bus Requisition or Private Vehicle Use form submitted: Yes ___ No ___

Budget/Expenses

Cost per Student: _____

School Budget: _____

Fundraising: _____

Accommodations: _____

Transportation: _____

Fees/Licenses: _____

Food/Meals: _____

Other: _____

Supervision Plan

Describe supervision processes that will be used: (large / small groups, group management / supervision, discipline, night checks, activity instructions, etc.)

Items on File at the School (before departure date)

- Parent to Group/Group to Parent Communication plan for Emergencies (Phone Tree)
- Student listing along with medical / health information
- Detailed Itinerary

Field Trip Authorization for Final Approval

School Principal: _____ Date: _____

Superintendent: _____ Date: _____

Approved by Resolution Number _____ at _____ Regular Board Meeting.
Date