

Trip Request Form

Team or Teacher Name coordinating trip: _____

Date of Trip: _____ Date of Request: _____

Purpose (reward, educational value, etc.): _____

Destination (s): _____

Number of Students Attending: _____ Grade Level: _____

Will students miss all or part of the instructional school day? _____

Time of departure: _____ Time of return: _____

Attendance requirement (if any): _____

Method of travel: _____

Cost of trip per student: _____ Party Responsible for cost: _____

Teachers or Chaperones Attending (1 adult per 10 students):

Students not attending will be: _____

Supervised by: _____

Additional Pertinent Information: _____

Principal Approval: _____ Date: _____
