

EASTERN LOCAL SCHOOLS FIELD TRIP REQUEST FORM

(Completed form must be turned into Principal's Office No later than Tuesday prior to the Board Meeting)

CLASS REQUESTING TRIP _____

TEACHER _____ DATE FOR TRIP _____

DESTINATION (Site to be visited and address) _____

NUMBER OF STUDENTS INVOLVED _____ BUS NEEDED ____ YES ____ NO

DESIRED TIME OF DEPARTURE _____ EXPECTED TIME OF RETURN _____

PLANNED INSTRUCTION BEFORE TRIP (Related to the trip itself)

EDUCATIONAL SIGNIFICANCE OF TRIP (Related to course of study)

PLANNED INSTRUCTION AFTER TRIP (Based on the experience)

Principal's Signature _____

FOR DISTRICT USE ONLY

DRIVER ASSIGNED _____ Trip Ticket Completed _____ Bus Number _____

FOR OFFICE USE ONLY – PLEASE COPY AND GIVE TO BUILDING PRINCIPAL

The following items are to be completed and returned to the office one (1) day prior to the field trip.

1. Has the field trip been approved? _____
2. Do you have an emergency medical form for each student? _____
3. Do you have a field trip permission slip signed by the parent of each student going on this trip? _____
4. Do you have appropriate chaperones for the trip? _____ How many? _____
5. Please list your itinerary:
Departure time _____
Where will you visit – list all locations _____
Will you be stopping to eat? _____ Where (if known) _____
Time you expect to return _____

Signature of Teacher in charge: _____ Date: _____

Signature of Principal _____ Date: _____