



LOCAL FIELD TRIPS
(To be completed by Teacher/Advisor)

School _____ Person Initiating Request _____

Trip Destination _____ Date of Trip _____

Purpose of Trip _____

Itinerary (can be attached) _____

Method of Travel: _____ District Transportation (complete appropriate form)
_____ Private Vehicle(s) (complete appropriate form)
_____ Other _____

Source of Revenue: _____

Fundraising Activities _____

Individual Student Cost _____ Total Group Cost _____

How was this activity/trip available to any interested and/or eligible student(s) _____

How was this trip promoted to all interested/eligible students? _____

Will any student(s) be excluded from this trip due to the inability to pay? _____

Number of Students _____ (*All students must have Parental Consent Form on file.*)

List Names of Chaperones (1:10 ratio)

Requested by: _____ Date _____
(signature)

Approved by Principal _____ Date _____

NOTE: Copy to school nurse