



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: _____

Description of Fundraising Activities _____

Estimated Individual Student Cost _____ Estimated 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: _____
(signature)

Date _____

Approved by Principal _____

Date _____

NOTE: Copy to school nurse