

FIELD TRIP REQUEST FORM

Teacher's Name: _____ Grade Level: _____

Grades Attending Field Trips: _____

Today's Date: _____ Trip Date: _____

Departure Time: _____ Return Time: _____

Do you need to reserve a cell phone on this trip? _____

Do you need to reserve an emergency kit on this trip? _____

Destination: _____

Educational Goals: _____

Class Preparation Activities: _____

Post Trip Activities: _____

Student Evaluation Procedure: _____

Nurse's Acknowledgement: _____ Date: _____
Medical Requirements Attached by Nurse: Yes No

Principal's Approval: _____ Date: _____

**NOTE: THIS FORM IS IN ADDITION TO THE REQUEST FOR TRANSPORTATION.
FIELD TRIP REQUEST.DOC**