

LOS ANGELES UNIFIED SCHOOL DISTRICT
North Valley Occupational Center
19450 Sharp Ave.
Mission Hills, CA 91345
TELEPHONE: (818) 256-1400

FIELD TRIP REQUEST FORM

BEGINNING DATE OF TRIP _____ ENDING DATE OF TRIP _____

Number of students going on the trip _____

Name of person who will supervise students during the trip _____

Class _____

Time of departure _____ A.M./P.M. Time of return _____ A.M./P.M.

Destination _____

Address _____

City _____ Phone (____) _____

Contact Person _____ Phone (____) _____

Teacher's Signature

Administrator's Signature

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DIRECTIONS FOR THE USE OF THIS FORM

1. This form is to be filled out when requesting a field trip authorization.
2. Place in administrator's mail box at least one week prior to the trip.
3. All students must print name and sign this form.
4. Teacher returns the completed form to the administrator on duty.

The student list is on the back of this form

I hereby release the Los Angeles Unified School District North Valley Service Area

and its employees from all liability connected with this field trip.

Signed by: (Original Signatures only)

Print Name	Full Signature	Print Name	Full Signature
1		20	
2		21	
3		22	
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