

**REQUEST TO TAKE FIELD TRIP  
FIELD TRIP INFORMATION**

Destination/Purpose \_\_\_\_\_

Date(s): \_\_\_\_\_ Sponsor: \_\_\_\_\_

School(s): \_\_\_\_\_ Grade Level(s): \_\_\_\_\_

Departure: Date/Time: \_\_\_\_\_ Return: Date/Time: \_\_\_\_\_

Number of days/instructional blocks to be missed: Days: \_\_\_\_\_ Instructional Blocks: \_\_\_\_\_

Provisions made to enable students to complete assignments early or make up work missed:  
\_\_\_\_\_

Objectives: \_\_\_\_\_

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Number of Students: \_\_\_\_\_ Cost per student: \_\_\_\_\_

Means by which student costs will be paid (e.g., fundraiser; student activity funds; booster club funds; individual student/parent responsibility): \_\_\_\_\_

Chaperones: Check, as appropriate:  
Adult: Student Ratio: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Sponsoring teacher(s): \_\_\_\_\_ Parents: \_\_\_\_\_ Other(Specify) \_\_\_\_\_

All student participants have provided information regarding health/accident insurance coverage.  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

Transportation: \_\_\_\_\_

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 6/00

**ATTACHMENT A**