

FIELD TRIP AUTHORIZATION REQUEST



Requesting Staff:	Grades:	Total # of Students:
Name of Fieldtrip:		
Date of Fieldtrip:	Departure Time:	Return Time:
Location/Address:		
Special Instructions:		
Emergency Contact Phone Number:	Fieldtrip correlated with what subject?	
Reason for requesting trip:		
Admission fees (how much):	Admission paid by: <input type="checkbox"/> School <input type="checkbox"/> Student	
Transportation: <input type="checkbox"/> Bus <input type="checkbox"/> Van	Driver #1: Driver #2: Driver #3:	
Chaperones:		
ICU cut-off date & time:		
Superintendent Signature & Date:		