



FIELDTRIP AUTHORIZATION REQUEST

Request submitted by _____ Grade(s) _____

Name of Fieldtrip _____ Date of Fieldtrip _____

Location or Address _____

Phone number in case of an emergency _____

Fieldtrip correlated with what unit or subject? _____

Reason for requesting Trip _____

Total Mileage _____ Departure Time _____ Return Time _____

Number of students involved _____

List the specific objectives desired to be gained for students from this trip: _____

TRANSPORATION:

Bus _____ Van _____

Principal/Superintendent Signature

Date