

Field Trip Proposal Request Form PDF

TRIP INFORMATION

Trip Title: _____

Requested By (Teacher/Department): _____

Destination: _____

Address: _____

Proposed Date(s): _____

Departure Time: _____ Return Time: _____

EDUCATIONAL PURPOSE

Reason for the trip: _____

How does this trip enhance the learning experience? _____

TRANSPORTATION & COST ESTIMATE

| Item | Estimated Cost | Funding Source |
|----------------|----------------|----------------|
| Transportation | | |
| Admission Fees | | |
| Meals | | |
| Other Expenses | | |

Mode of Transportation: School Bus Private Transport Public Transport

SAFETY & CHAPERONES

Number of Chaperones Required: _____

Names of Chaperones: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

SIGNATURES & APPROVALS

Requested By (Teacher/Staff): _____

Signature: _____ **Date:** _____

Approved By (Principal/Administrator): _____

Signature: _____ **Date:** _____