

School Field Trip Proposal Form

TRIP DETAILS

Trip Title: _____

Proposed Date(s): _____ Alternative Date(s): _____

Destination: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Departure Time: _____ Return Time: _____

Grade Level(s): _____

Number of Students Attending: _____

Number of Chaperones Required: _____

Teacher(s) Leading the Trip: _____

EDUCATIONAL OBJECTIVE

Purpose of the Trip: _____

How does this trip align with the school curriculum? _____

List any pre-trip and post-trip activities planned: _____

TRANSPORTATION & LOGISTICS

Mode of Transportation (Check One):

School Bus Charter Bus Public Transportation Walking Other:

Transportation Provider (if applicable): _____

Estimated Travel Cost: _____

Funding Source: School Budget Student Contribution Fundraiser

Other: _____

SAFETY & SUPERVISION

Emergency Contact at Destination: _____

Phone Number: _____

Medical Assistance Available at Destination: Yes No

Special Safety Considerations (if any): _____

SIGNATURES & APPROVALS

Lead Teacher's Name: _____

Signature: _____ **Date:** _____

Principal's Name: _____

Signature: _____ **Date:** _____

District Approval (if required):

Signature: _____ **Date:** _____