

# FIELD TRIP APPLICATION

(REVISED July 2015)

Date of Application: \_\_\_\_\_

Permission is requested to conduct the following field trip:

1. Date of Trip: \_\_\_\_\_ Grade(s) \_\_\_\_\_

2. Destination: \_\_\_\_\_

3. Mode of Travel: \_\_\_\_\_

4. Departure Time: \_\_\_\_\_ Return Bus Pick Up Time: \_\_\_\_\_

Approximate Return to School Time: \_\_\_\_\_

5. TOTAL NUMBER OF PASSENGERS (Including chaperones and teachers) \_\_\_\_\_

6. Teachers Involved:\* \_\_\_\_\_

\_\_\_\_\_

7. Indicate Educational Benefits of Trip: \_\_\_\_\_

\_\_\_\_\_

8. Teacher's Signature: \_\_\_\_\_ 9. Director's Signature \_\_\_\_\_

**\*TEACHERS: Please note:**

**Your trip is:**

**APPROVED**

**NOT APPROVED**

\_\_\_\_\_

Principal

**Buses are:**

**RESERVED**

**NOT AVAILABLE**

\_\_\_\_\_

Transportation Director

**Substitute Needed**

**ALL DAY**

**PERIODS** \_\_\_\_\_

\_\_\_\_\_

Assistant Principal

**SUPERINTENDENT'S OFFICE APPROVAL** \_\_\_\_\_

Danielle Mokaba-Bernardo

**Teachers Please Note:**

**PERMISSION SLIPS ARE DUE TO THE NURSE 3 WEEKS IN ADVANCE OF TRIP.**

**ATTENDANCE SHEETS WITH THE STUDENTS NAME AND I.D. NUMBER MUST BE SUBMITTED TO THE FLOOR OFFICE THE MORNING OF YOUR FIELD TRIP.**

**BUS FEES FOR EACH BUS FOR THE FIRST 4.5 HRS AND AN HOUR AFTER THAT VARY EVERY YEAR ( CONTACT TRANSPORTATION OFFICE). FEE NEEDS TO BE SUBMITTED TO TRANSPORTATION TWO DAYS PRIOR TO THE TRIP DATE. MAKE CHECK PAYABLE TO THE CURRENT BUS COMPANY.**

**Main Office Only:**

**ONCE APPROVED, COPIES OF THIS FORM MUST BE SENT TO:**

Deans \_\_\_\_\_  Director \_\_\_\_\_  Originating Teacher \_\_\_\_\_