

Teacher(s):		Grade(s):
Today's date:	Date of proposed trip:	Alternate date
Student cost: \$	Adult/Chaperone cost: \$	Total trip cost: <u>\$1000</u>
Destination contact person:		Phone:
Destination/Descrip	tion of Activity:	
Objectives: (Briefly	state the purpose of this trip and w	what you hope to accomplish.)
Our class is preparing	g for this trip by:	
What type of follow-	-up is planned for the classroom?	
What provisions have	e been made for students unable to	o go on this trip?
Transportation need	ds: Yes No # of Buses Re	equested:
Trip Timing: Departu	ure: Destination arrival:	Time on site:
Time to leave:	Back at school by:	
How many will atten	d? Students:	Staff: Chaperones:
Teacher Signature: _		Date:
Transportation expen	nses are being paid by:	
If the school is doing	g any form of payments attach 1	proper documentation, i.e. copies of
· · · · · · · · · · · · · · · · · · ·	money orders. Personal checks	, <u>,</u> , ,
Meals: Meals neede	d: Yes No Numbers of m	neals needed:
Building Leader Ap	proval: Approved Disapp	proved Request further information
Principal Signature:		Date:

CEO response:	ther information
CEO Signature: Date:	
Transportation: Contact DeWayne Golden Number of buses requested: Date alternate date bus company can do: Date buses were order: Transportation money due date:	Cost of bus: \$
Transportation Signature:	_ Date:
Meals: Meals ordered: Yes No Numbers of meals ordered:	
Meals Signature: Date: _	
Central Office response: Approved Disapproved R	equest further information
Central Office Signature:	_ Date:
Please note: Upon return from this field trip a list of students, the appropriate signature of each individual is to be submitted to records.	-