

# CHS FIELD TRIP APPROVAL FORM

Date: \_\_\_\_\_

Teachers Name: \_\_\_\_\_

Class/Subject: \_\_\_\_\_

Location of the Field Trip: \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Field Trip: \_\_\_\_\_  
\_\_\_\_\_

Departure Time: \_\_\_\_\_

Return Time: \_\_\_\_\_

Number of children: \_\_\_\_\_

Number of Adults: \_\_\_\_\_

Name of Adults if Applicable:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Purpose of the Field Trip:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand, as the teacher/supervisor, that it is my responsibility to get all portions of the field trip process completed in a timely manner. If not completed fully, correctly and within the stipulations of the field trip process, I understand the field trip will not proceed.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Printed Name: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_