

Independent School District No. 624 White

Bear Lake, MN 5110

REQUEST FOR FIELD TRIP

Day Trip _____ Overnight Trip _____

Date Submitted _____ School _____

Sponsoring Organization of Class _____

Adult Advisor or Teacher _____

Number of staff/adults going on trip _____

How many substitutes will be needed _____

Destination _____

*Date(s) of Field Trip _____

Number of class days students will miss _____

How many overnights _____

Number of students going on trip _____

Number of students in class or organization not going on trip _____

Means of transportation (*if district bus, see below*) _____

School Pick-up Time: _____ (am/pm) Date _____

Leave destination time: _____ (am/pm) Date _____

Special instructions for Transportation (wheelchair, # of buses needed, other) _____

Goal or purpose of trip (How it ties in with educational program) _____

Total Cost to Student _____

Total Cost of the Trip _____

Sources of Revenue _____

Signature of Administrator _____

Signature of Assistant Superintendent _____

• Day Trip – School Board Approved or Not Approved Date _____

• Overnight Trip – School Board Approved or Not Approved Date _____

This form is to be used to submit a request for a field trip – see Policy 610. * **All extended trips (overnight) must have prior Board approval before trip occurs.** NOTE: School meeting dates are posted on District website. Mail form to Megan Frost or email: megan.frost@isd624.org or via fax: 651-407-7571.