

Shannon Park Elementary

Field Trip Request Form

Please complete top portion and return to Cheryl Senum

Date of Request _____ Field Trip Activity Date _____

School Name / Grade Level _____

Field Trip Activity _____

Address _____

Depart Time _____ Arrival Time _____

Leave Time _____ Return Time _____

Staff Name _____ Staff Cell # (while on field trip) _____

of Adults _____ # of Students _____

Special Instructions _____

Nurse Notified _____ Lunchroom Notified _____

Specialists Notified _____

Return to Cheryl Senum for processing

_____ Approved

_____ Not Approved

Principal Signature

Bus Trip ID # _____

Transportation Budget Code _____