East Central High School
Request for Approval of Field Trip-Form 2

Complete all of the following information as part of your request.
<u>Request need to be submitted 2 weeks in advance of the event</u>.

Today's Date: _____

1. **Name of Event:** _____
   Purpose of Event: _____
2. **Date of Event:** _____ **Day of Week:** M T W T F SA SU (Circle One)
   Location of Event: _____
3. **Students: Attach list if needed.**

   _____ _____ _____

   _____ _____ _____
4. **Time leaving campus**: _____ **Time returning campus:** _____
5. **Cost per student:** _____
6. **Is this event paid by student, club, or district?** _____
7. **Number and names of chaperones who will be attending this event:** **Cell Phone #**

   _____ _____

   _____ _____

   _____ _____
8. **Method of transportation:** _____
9. **Total estimated cost of trip:** _____
10. **Substitute Needed?** Yes _____ No _____ **If yes, funds paying for sub:** _____

Upon approval of the principal, obtain signed parent permission slips for each student who will be participating and place these on file with the principal.

Special Notes to Administrator: _____

_____

_____

Before departure, have in your possession information for your use in the event of an emergency; name, address, and phone number of parents.

_____

Teacher/Sponsor Signature **Date**

_____

Teacher/Sponsor Signature **Date**

#1. ACADEMIC DEAN'S SIGNATURE OF APPROVAL: _____

#2. PRINCIPAL'S SIGNATURE OF APPROVAL: _____

(MUST BE APPROVED BY BOTH)

(For Office Use) Notes:

Copy to: SPONSOR DEAN OFFICE

Revised: 01/08/2020