

# Campbell ISD

## Field Trip Request Form

*Requests must be made two calendar weeks in advance of field trip date.*

\_\_\_\_\_  
Requesting Teacher & Grade Level

\_\_\_\_\_  
Date of Request

Date of Field Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Itinerary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transportation Needed: \_\_\_\_\_

Name of Driver(s): \_\_\_\_\_

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

Time Returning: \_\_\_\_\_

Eating Arrangements: \_\_\_\_\_

Volunteers/Helpers: \_\_\_\_\_

Monies required by student: \_\_\_\_\_

\_\_\_\_\_  
Food Service Director Signature

\_\_\_\_\_  
Transportation Director Signature

\_\_\_\_\_  
Principal Signature

**\*\*\*Please attach a list of students attending this field trip\*\*\***