

6270A Out-of-State Field Trip Request Form
Plattsmouth Community Schools

Name of Requestor:	Name of Group:	Date:
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Destination:	Departure Date:
	Return Date:

Purpose of Trip: _____ _____ _____ _____
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Transportation Required: _____ _____ _____ _____	How Funded: <input type="checkbox"/> District Funded <input type="checkbox"/> Grant Funded <input type="checkbox"/> Donation/Fundraiser <input type="checkbox"/> Other Explain: _____
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Sponsoring Body:	Number of Staff in Attendance
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Number of Students Participating:	Chaperones Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?
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Notes: _____ _____ _____ _____ _____ _____ _____
