

White Bear Lake Area School District #624
REQUEST FOR FIELD TRIP

Date Submitted: _____ School: _____

Sponsoring Organization or Class: _____

Adult Advisor or Teacher: _____

Number of staff/adults going on trip: _____

Number of substitutes needed: _____

Destination: _____

*Date(s) of field trip: _____

Number of class days students will miss: _____

Number of 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- Date: _____ Time: _____

School destination- Date: _____ Time: _____

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 trip: _____

Source of revenue: _____

Signature of Administrator: _____

Signature of Assistant Superintendent: _____

• School Board Approved 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 School Board approval **BEFORE** the trip occurs. NOTE: School Board meeting dates are posted on the district website. Submit form to Carol Bacon: carol.bacon@isd624.org.