

Griswold Elementary School

Field Trip Request Form

Date of Field Trip: _____

Destination: _____
(Place) (Day) (Time Leaving) (Time Returning)

Teacher _____ Grade _____ # of Students _____ # of Buses _____

Adults Accompanying Trip:

of Teachers: _____

of Parents: _____

of Aides: _____

of Other: _____

Transportation to be paid for by:

PTO/Fundraiser: _____

School Activity Account: _____

Students: _____

Other: _____

Cost of Trip _____ + Cost of Buses _____ - Credits to apply toward trip _____

= Total Cost of Trip _____ / Total Number of Students to Attend _____

= Total Cost per Student _____

Purpose as relates to curriculum goals/objectives

Parental Permission: Permission slips will be returned and on file with teachers by _____
(date)

Arrangements for children not attending (if necessary): _____

Complete the following if trip extends beyond the regular school closing. Indicate transportation arrangements at the close of trip.

NOTIFICATION CHECKLIST:

_____ Cafeteria Director

_____ Specials Team

_____ Office Personnel

_____ Support Staff

_____ Permission Slip Sent Home

_____ Duty Coverage (attach)

_____ Bus Contractor

_____ Checked w/Destination

_____ Nurse

re: ER Medical Plans (attach info)

Teacher's Signature: _____

Principal's Signature: _____