



## Overnight Field Trip Request Form

Date of Request: \_\_\_\_\_ School: \_\_\_\_\_

Proposed Trip: \_\_\_\_\_

Sponsoring Teacher(s): \_\_\_\_\_

Dates of Proposed Trip: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Date and Time of Return: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Name(s) of Driver(s) and/or Charter Company: \_\_\_\_\_

Number of Students Participating: \_\_\_\_\_ Cost Per Student: \_\_\_\_\_

Name, Address, and Phone Number of Hotel/Camp: \_\_\_\_\_

Curriculum Standards Addressed: \_\_\_\_\_

Description of the Field Trip and Educational Benefits: \_\_\_\_\_

How will meals be served? \_\_\_\_\_

List of Chaperones (1 per 10 students): \_\_\_\_\_

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

\_\_\_\_\_  
Date

### To be completed by District Office:

APPROVED

NOT APPROVED

\_\_\_\_\_  
Signature of Superintendent/Designee

\_\_\_\_\_  
Date

**\*\*All requests must be filled out completely and submitted 14 calendar days prior to the trip for consideration\*\***