

REMSEN CENTRAL SCHOOL DISTRICT

REMSEN, NEW YORK 13438

(315) 205 4300

FIELD TRIP REQUEST

****Request must be made at least four (4) weeks in advance of desired date**

Funding

District

Other

DATE OF FIELD TRIP: _____

Destination: _____

Grade: _____ Teacher(s): _____

Departure Time: _____ Return Time: _____

Number of Students: _____ Name of Chaperone(s): _____

Type of transportation required and number of vehicles: _____

Purpose (please relate specifically to curriculum): _____

Substitute needed: Yes _____ No _____

Teacher's signature: _____ Date: _____

Approved by:

_____ Date: _____

Building Principal

_____ Date: _____

Transportation Supervisor

_____ Date: _____

Superintendent

****Please note: All field trip requests are subject to District approval.**

cc: Mr. John McKeown, Business Admin.

revised 4/25/2022