

BEYOND THE REGULAR SCHOOL DAY FIELD TRIP PARTICIPANT FORM**SHAWNEE MISSION SCHOOL DISTRICT**

Name of School _____

Day and Date of Field Trip _____ Departure Time _____ Return Time _____

Origination and Termination Point _____

Location of Field Trip Activity _____

Mode of Transportation _____

Names of Staff Supervising and any MVP approved Supervisors

1.	2.
3.	4.
5.	6.

Names of Students Participating

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.
22.	23.	24.
25.	26.	27.
28.	29.	30.

(Any additional names, please attach a roster)

Requested by _____ Approved ☐ Disapproved ☐ Date _____
 (Building Principal)

_____ Approved ☐ Disapproved ☐ Date _____
 (District Administrator)