



Benson Public Schools

Request for Approval of Field Trips

Submit two weeks PRIOR to date requested

Teacher: _____ Subject: _____

Grade(s): _____ # of Students: _____ # of Chaperones: _____

Names of teachers/staff going: _____

Date of field trip: _____

Destination: _____

Purpose of trip: _____

Type of Transportation (check one):

☐ Chartered Bus – Company Name: _____

☐ School Bus

☐ Airplane – Airline: _____

Time of Departure: _____ Time of Return: _____

How trip is to be financed: _____

Cost per pupil: _____

Classes for which a substitute is needed: _____

Provisions made for students not accompanying you on the trip: _____

Will students miss lunch at the school? ☐ Yes ☐ No

SIGNATURES & APPROVAL

Teacher: _____ Date: _____

Principal: _____ Date: _____

Date that transportation was arranged: _____

By Whom? _____