San Benito Consolidated Independent School District
FIELD TRIP REQUEST PACKET COVER SHEET

Campus Name: _____ Date: _____

Club/Group: _____ Sponsor: _____

Destination: _____

Purpose of Trip: _____

Primary Contact Name/Number: _____

Trip Date: _____ Mode of Travel: _____

Departure Time: _____ Return Time: _____

Field Trip Costs Funds Available

Entry Fee: _____ Account Number: _____ ☐ Y ☐ N

Student Meal: _____ Account Number: _____ ☐ Y ☐ N

Transportation: _____ Account Number: _____ ☐ Y ☐ N

Number of Students Participating: _____ Number of Adults/Chaperones: _____

Name of Chaperones:

_____ _____

_____ _____

_____ _____

_____ _____

Checklist

☐ Chaperone Approved Absence Request (Frontline)

☐ Student Roster ☐ Trip Insurance Form

☐ Field Trip Permission Slip ☐ Field Trip Itinerary

☐ Approved Bus Request ☐ CNP Meal Request

Sponsor Signature: _____ Date: _____

Principal Signature: _____ Date: _____ ☐ Approve ☐ Deny

Asst. Superintendent of Academics: _____ Date: _____ ☐ Approve ☐ Deny

Accounting Director: _____ Date: _____ ☐ Approve ☐ Deny