EDUCATIONAL FIELD TRIP REQUEST APPLICATION

Name of the Group:		No. of Students:	Date of Request:	
Destination:				
Location		Street Address		
Date of Event:		Time Depart:	Time Return:	
Purpose: Describe the educational values	s to be gained by the stu	dent from this trip		
Teacher(s) responsible for supervision *Per district policy, there should be one chaperone				
Will coverage for classes left behind A. If an all-day substitute is needed, in lesson plan for the substitute. B. If period sub(s) are needed please plan for the substitute.	t is the responsibility of the tec	acher to make arrangements o	on AESOP and prepare an activity	
Will the field trip occur between 7:00 A. If yes, then teacher/sponsor/advise B. Each student must turn in a signed	er must provide a list of studer	nts attending to the Office of I		ce.
Transportation	Number of Duces Need	lad. Nata. /	Due requisition required	
A. School Bus: Yes NoB. District Approved Private Auto:C. Names of District Approved Driv	Yes No For			
D. Students will arrive at and leave (Please see individual student field trip f		/n. Yes No		
Signatures				
Teacher / Sponsor/ Adviser (Signature over PRINTED Name)	Date	Department C (Signature over PRINT		<u></u>
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APA Signature: Approval for Drivers	 Date	API Signature App	proval Date	 e