Field Trip Form

Date _____

School	Teacher		
Subject or Grade	Date of Trip		
Destination		Number of buses needed	
Driver's Name		Time of departure from school	
Itinerary (May not be changed)	1		
	2		
	3		
	4		
	5		
Time returning to school			
Parent permission slips	yes		no
Seating chart for bus completed	yes		no
What is the program that you are attend	ding? (Where ar	e you going?)	
What is the educational significance of t	his field trip?		
		approved	disapproved
Principal			
Superintendent		approved	disapproved
Superintenuent		approved	disapproved
 Transportation		approved	uisappi oveu
Transportation			
Transportation		approved	disapproved