

Southern Wells Community Schools

FIELD TRIP REQUEST

Requested By: _____ Date: _____

Course or Group Taking Trip: _____

Destination of Trip: _____

Date of Trip _____ Time of Departure: _____

Number of Student Participants: _____ Time of Return: _____

Number of Adults on Trip: _____ Where will students eat: _____

Names of Adults on Trip: _____

Type of Transportation Requested:

_____ Bus _____ Activity Bus _____ Truck _____ Trailer

Substitute Teacher Needed for: Periods _____

Each Student to Pay \$ _____ **School Total to Pay \$** _____

School Fund Utilized _____

Complete for School Day Educational Field Trips:

The value/benefit of this field trip for students as related to my course is:

The Itinerary for the Trip Is:

*Be reminded that each student meets the requirements for being a part of the field trip.

School Building Approval:

Principal/Designee Signature _____ Date

Central Office Approval:

Superintendent/Designee Signature _____ Date

Driver(s) Assigned: _____ Vehicle(s) Assigned: _____