

FIELD TRIP REQUEST FORM

TEACHER:			
CLASSROOM:			
DATE OF TRIP:			
DESTINATION:			
DEPARTURE TIME <small>(Driver be at Pied Piper By:)</small>		RETURN TO PIPER	
COST			
MEANS OF TRANSPORTATION			
DRIVER REQUESTED TO STAY?		AIDE NEEDED	
ACTUAL BUS TIME			
NUMBER OF STAFF:		NUMBER OF CHAPERONES:	
NUMBER OF AMBULATORY STUDENTS:		NUMBER OF STUDENTS USING WHEELCHAIRS:	
CAR SEATS NEEDED?		TOTAL # OF PASSENGERS	
<p>PURPOSE OF THE TRIP: TO PRACTICE THE LEARNING OBJECTIVES BELOW</p> <p>COURSE OF STUDY:</p> <p>LEARNING OBJECTIVES TO BE ACCOMPLISHED:</p> 			

TRIP APPROVED: _____ BUS APPROVED: _____
SIGNATURE SIGNATURE

TRIP DISAPPROVED: _____
SIGNATURE

THE STAFF MEMBER IN CHARGE WILL HAVE A COMPLETED EMERGENCY MEDICAL FORM FOR EACH STUDENT/STAFF MEMBER ON THE FIELD TRIP.

SIGNATURE OF STAFF MEMBER MAKING REQUEST *DATE*