

This form must be submitted at least six weeks in advance of the proposed trip

I would like permission for the	e following field trip:
Teacher:	Trip Date:
School:	Subject Taught:
Time of Departure:	Time of Return:
Class/Classes:	No. of Students
Destination:	
Transportation Cost:	
Educational Objectives:	
Preparation Activities:	
Follow-Up Activities:	
Chaperones (1 per 10 studen	ts)
Approved:	Date:
Approved: Principal	
Approved:	Date:
Assistant Superintendent	
Date Received in Board Office:	