Request Form for Field Trips/Off Campus Activities

Please fill in all blanks. Return this completed form to the Principal’s Secretary in the front office for approval prior to scheduling any field trip.

- School Name: ____________________ Organization: ____________________
- Date(s) of trips: ____________________ Time(s) of trip: ____________________
- Destination: ____________________
- Purpose: ____________________
- Number of students: ________________ (Attach list of student names)
- Number of chaperones: ____________________
- Means of transportation: ___________ Grade Level: ____________________
- Teacher’s/Requestor’s Name: ___________ Contact #: ____________________

Requested By:

_____________________________ Date

Site Based Approval:

_____________________________ Date

School Principal

_____________________________ Date

District Level Approval: (Required for all trips extending beyond the school day, Out-of-State, Overnight, or Out-of-Country). Additionally, Out-of-Country Field Trips Require School Board Approval.

Level Director (Ele., Mid., High Director) Date

After all approvals are received, contact the School Nurse for planning and making preparations for any medication administration and/or health procedures/treatment needed for the trip.

___________ Nurse’s Initials ______ Date

Revised April 24, 2017