

REQUEST FOR FIELD TRIP – SCHOOL DAY

Lead Teacher _____ Date of Application _____

Lead Teacher Cell Phone No. _____ Date of Trip _____

Grade Level/Class _____ Building _____

Number of Special Needs Students Attending _____ Total # of Students Attending _____

Total # of Chaperones _____
Number of Teaching Assistants/Aides Required _____

Destination (include name and address):

Time Schedule:

Departure from School _____
Return to School _____

Purpose of Trip and Curriculum Connection: _____

Specific provisions for entering the building if the time for departure and/or return does not coincide with regular school hours: _____

Please list all chaperones, their position and indicate if a sub is required and if chaperone pay is required:

Name	Position	Sub Required (Yes or No)	Chaperone Pay Required (Yes or No)

Please list all students requiring administration of medication(s) during the trip and the type(s) of medication:

Student	Medication	Frequency of administration

