

# FIELD TRIP REQUEST FORM

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