

GRISWOLD ELEMENTARY SCHOOL

Field Trip Request Form

Date of field trip: _____

Destination: _____
(Day, Date) (Time Leaving) (Time Returning)

Teacher _____ Grade _____ No. of students _____ No. of busses _____

Adults Accompanying Trip:

No. of teachers _____

No. of parents _____

No. of aides _____

No. of other _____

Transportation to be paid for by:

School Dept. _____

PTO/Fund-raiser _____

Students _____

Other _____

Cost of Trip _____ + Cost of Buses _____ - Credits to apply toward trip _____

= Total Cost of Trip _____ / Total Number of Students to attend _____

= Total Cost per Student _____

Purpose as relates to curriculum goals/objectives

Parental Permission: Permission slips will be returned and on file with teachers by _____ (date)

Arrangements for children not attending (if necessary): _____

Complete the following if the trip extends beyond the regular school closing. Indicate transportation arrangements at the close of trip. _____

NOTIFICATION CHECKLIST:

_____ Cafeteria Director

_____ Specials Team

_____ Office Personnel

_____ Support Staff

_____ Permission Slip Sent Home (date)

_____ Duty Coverage (attach)

_____ Bus Contractor

_____ Checked with Destination re: Emer.

_____ Nurse

Medical Plans (attach info.)

Teacher's Signature: _____

Principals Signature: _____

3/2012