

Educational Field Trip Request Form

Washington Elementary School

Date of field trip: _____ Leaving building time: _____ and return time: _____

Classrooms planning to attend: _____

If not whole classrooms then list of students attending: _____

Cost per student: _____ Cost per adult: _____

Any additional cost: _____ *Total check amount request: _____

*Checks require time to go through a School Board Meeting approximately 30 to 45 days after request is

approved. Make check payable to: _____

Field trip destination – Name of establishment: _____

Address of establishment: _____

Field trip requires (complete all that apply to this field trip request):

1. Bus transportation: _____ Total # of passengers for buses: _____

2. Students will **not** eat school lunch and must bring a cold lunch: _____

3. School nurse notification to coordinate medication needs: _____

4. Volunteer chaperones to assist with trip (number secured): _____

5. Informational letter informing families of trip is attached: _____

Educational purpose of trip: _____

Requesting teacher: _____ Date completed: _____

Request approved by: _____ A copy of this sheet will be returned to the

requesting teacher to confirm arrangements with above listed establishment. Date approved: _____

Date denied: _____ Placed on calendar: _____