



STUDENT FIELD TRIP REQUEST

Use this form to request student out-of-state, international, and overnight in-state travel. This form requires School Board approval. Please submit to the Office of the Superintendent at least 10 working days prior to a School Board meeting. All lines must be completed.

Traveling Individual(s):			**************************************	
Number of Students	Gender o	f Students M		Grade Level
Number of Adult Chaperone	es	Gender of Adult	Chaperon	es M F
Name(s) of Chaperones				
Name(s) of Chaperones Name of current First Aid/Cl	PR qualified ind	ividual traveling w	ith group	MORNOUS CONTRACTOR OF THE PROPERTY OF THE PROP
School/Department:				
Meeting/Conference Title: _				
Destination:				
Date(s) of Travel:	Type of Transportation:			
Purpose/Objective of Trip: _				
All forms associated with this	Request (Purchase Ord	er, Registration, Transporta	ation Request, e	etc.) should be attached.
Expenses:		Estimated Cost		Budget Code
- Registration		\$	to the state of the same of th	
- Mileage, Airfare, etc.		\$	***************************************	
- Lodging		\$		
- Meals		\$		
- Substitute		\$	***************************************	
- Other (describe)	NAME OF THE OWNER OW	\$		
f fundraising or private fund for students who cannot per	ds are used, des	cribe the activities the trip:	s, sources	, and provisions made
Requested by:			Da	ate:
Manager of	(Signature)			
Chargeable Budget:			D	ato:
Onargeable Budget.	(Signature)		Da	nte:
Principal/Supervisor:	(3		Da	ate:
(if different than above)	(Signature)		- Continuent	
			0 1 1 5	N I
* Must be :	signed before se	eking approval by th	ne School E	soard