

VIRGINIA C.U.S.D. #64
Field Trip Request Form

Today's Date: _____

Teacher's Name: _____ Class/Organization: _____

Date of Field Trip: _____

Type of Activity: _____ Number of Students: _____

Place of Activity: _____

Special Needs (Substitute, etc.) _____

Departure Time: _____

Estimated Time of Return: _____

Objectives of the trip:

1. _____
2. _____
3. _____

How does the trip relate to an academic objective or goal?

Additional information, i.e. meals, cost, special arrangements needed:

Approved By: _____ Date: _____
(Building Principal)

BACK OF FORM MUST BE FILLED OUT BEFORE APPROVAL