

EAST PALESTINE CITY SCHOOL DISTRICT

East Palestine, OH 44413

FIELD TRIP REQUEST

(TO BE COMPLETED AT LEAST 10 DAYS BEFORE TRIP)

I hereby request permission to take _____ on a field trip to:
Name of Group

Destination: _____

Time of Departure: _____ Date of Departure: _____

Approximate Time of Return: _____ Date of Return: _____

Purposes of the trip in relationship to classroom activity: _____

Pre-Planning Activity: _____

Follow-up Activity: _____

Names of Chaperones: _____

Lunch Arrangements: _____

Number of Students: _____ Will a substitute be required? _____ Day _____ Hrs _____

The following mode of transportation is requested:

Bus: _____ Private Car: _____ On Foot: _____ Van: _____
Number of Buses Number of Cars

The proposed route will be: _____

Date Requested: _____ Signed _____

Approved by: _____ Principal _____

FOR OFFICE USE ONLY

APPROVED: YES NO Date _____

COMMENTS: _____

Superintendent of Schools

COPY: Originator
Principal
Transportation
Treasurer
Superintendent