

**WFW**  
**FIELD TRIP REQUEST FORM**

Date(s) of Trip: \_\_\_\_\_  
Release Time Needed  Yes  No  
Substitute Needed  Yes  No  
Number of Students: \_\_\_\_\_

Destination: \_\_\_\_\_  
Teacher/ Advisor: \_\_\_\_\_  
Class/ Activity: \_\_\_\_\_  
Bus/Van/Car Needed  Yes  No  
(If so, pick up transportation request form from the office)

<input type="checkbox"/> This trip will involve students staying overnight. <input type="checkbox"/> This trip will involve students going out of state.	Trips that include overnight or out-of-state travel must be approved by the board.
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**Adult Supervision List:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Departure Date: \_\_\_\_\_  
Departure Time: \_\_\_\_\_  
Departure Location: \_\_\_\_\_

Return Date: \_\_\_\_\_  
Return Time: \_\_\_\_\_  
Return Location: \_\_\_\_\_

Give a brief description of the educational purposes of the field trip:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Information (if any) \_\_\_\_\_  
Substitute Costs: \_\_\_\_\_  
Transportation Costs: \_\_\_\_\_  
Other Costs (Itemize): \_\_\_\_\_  
Total Costs: \_\_\_\_\_

1. Dept. Chairman: \_\_\_\_\_  
Approval  Yes  No  
2. Principal: \_\_\_\_\_  
Approval  Yes  No

\*After Both Individuals have signed, please forward to the office if transportation is needed.

What budget will assume the costs? \_\_\_\_\_  
Account # : \_\_\_\_\_

**Return completed form to the principal at least three weeks prior to the trip.**