**WFW**

**FIELD TRIP REQUEST FORM**

Date(s) of Trip: ___________________  Destination: ___________________

Release Time Needed ___ Yes ___ No  Teacher/ Advisor: ____________________

Substitute Needed ___ Yes ___ No  Class/ Activity: _______________________

Number of Students: _______________  Bus/Van/Car Needed ___ Yes ___ No

(If so, pick up transportation request form from the office)

| ___ This trip will involve students staying overnight. | Trips that include overnight or out-of-state travel must be approved by the board. |
| ___ This trip will involve students going out of state. |

Adult Supervision List:

1. _______________________________________________________
2. _______________________________________________________
3. _______________________________________________________

Departure Date: ________________  Return Date: ________________

Departure Time: ________________  Return Time: ________________

Departure Location: ________________  Return Location: ________________

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

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Financial Information (if any) ________________  1. Dept. Chairman: ________________

Substitute Costs: ________________  Approval ___ Yes ___ No

Transportation Costs: ________________  2. Principal: ________________

Other Costs (Itemize): ________________  Approval ___ Yes ___ No __

Total Costs: ________________

*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.