



REQUEST FOR APPROVAL OF ROUTINE FIELD TRIP

TRIP INFORMATION			
School:		Grade or Activity:	
Destination:			
No. of Students:		No. of Staff Members:	
No. of Chaperons:			
Time:	Date:	Place of Departure:	
Time:	Date:	Place of Return:	
Purpose:			
POS Correlation or Academic Focus:			
Repeated Trips:			
Music Event Company (if applicable):			
Transportation: <input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Commercial Carrier (see Notice 5790 for approved carriers) <input type="checkbox"/> Metro Bus or Rail <input type="checkbox"/> County Vehicle <input type="checkbox"/> Leased Vehicle _____ Commercial Carrier Name			
Number of Buses Needed _____ Does This Require Facilities for Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervision Will Be Provided by Adults Directly. Exception(s), If Any:		<input type="checkbox"/> Stock Epinephrine will be available on this trip <input type="checkbox"/> Stock Epinephrine will not be available on this trip	

REQUESTER

Teacher:	Date:
APPROVAL	
_____ Principal or Designee	_____ Date
Comments: _____ _____	