

**Sennett Middle School
Field Trip Request**

Staff Contact Person_____ Date of Request_____

Destination_____

Date of Trip_____ time leaving_____ time returning_____

Who will attend (house,class,group)_____ # of students_____

Purpose of trip _____

Transportation Plan:

___walking trip

___city bus

___car/van

___chartered bus

___coach bus

___other

___wheelchair accessibility needed

Cost:

admission_____

transportation_____

other_____

Funding Source:

___fundraising effort

___collecting from students

___House/Encore activity account

Will you need a check? ___yes ___no

If yes, check made out to _____

Amount_____ Date needed_____

Please submit form to Deborah Ptak, Assistant Principal

Date Approved:_____

Signature

Bus Company Reserved:_____

Bus contact Name

Phone#

Fax #_____