

Santa Cruz Elementary District #28

Little Red School Field Trip Request Form

Teacher(s):	Grade(s):	# of students:
Destination or Title of Trip	:	
Instructional Purpose:		
	Date of Trip: _	
Approximate time of depa	rture: Appro	oximate time of return:
Destination phone number	r:	
Destination Address:		
Chaperones Attending (stu	udent/chaperone supervisio	n ration 1to 10):
Cost of the Activity:		
Field Trip Checklist (pl	ease check in confirmation):	
I will make and send them before the trip.	out field trip permission sl	ips to parents and make sure I receive all of
date(Pending approva	al), location, prices, confirmed	trip destination consultants, secured the our arrival date and time, and filled out a on and turned in to the principal.
$\ \square$ I have confirmed my	class chaperones 1 for every 1	.0 students.
	efeteria clerk the list of student before our scheduled trip da	t names whom which will require a sack lunch ate.
Teacher Signature	D	vate
For Office use only		
Transportation arrangements were made	on:	_
Bus Driver Assigned for Field Trip:		
Superintendent/Principal Approval Sign	ature D	nate