

- (1.) Principal's signature (2.) Funding source (3.) lunch plans & café mgr. signature (4.) nurse's signature (5.) list of names of students attending & medical needs



Field Trip Request

SCHOOL _____ **DATE** _____

Teacher Making Request: _____

Principal's Signature: _____ **Date of Approval:** _____

(Approving Trip)

Central Office Approval _____ **Date of Approval** _____

Funding Source _____

Lunch Plans: _____

Date Trip is Planned	Group, Class, Etc.	Number of Students	Number of Chaperone	Destination of Trip	Number of Buses	Departure and Return Time

*Will there be students with medical conditions, taking medications, etc. going on the field trip? **YES NO (CIRCLE ONE)**

*Has the school nurse been notified and a list of participating students **provided 10 days prior** to the field trip? _____

Curriculum Trip Correlation: _____ Nurses Signature

****An explanation letter for the trip may accompany this form.**

**** This form must be completed (with signatures) before approval will be considered.**

(Wayne County Board of Education, pending the state of terror alert or any other factors concerning safety of students, reserves the right to cancel this field trip. Due to this concern, arrangements should be made so that money can be refunded or travel can be offered to students/parents) (10/08/14)pdt