

**OVERNIGHT FIELD TRIP REQUEST FORM**

School and class or department requesting approval:

\_\_\_\_\_

Proposed dates for the trip: \_\_\_\_\_

Proposed Destination: \_\_\_\_\_

Number of students: \_\_\_\_\_ Number of chaperones: \_\_\_\_\_

Cost per student: \_\_\_\_\_

Specific fundraising opportunities to cover the total cost of the field trip:

\_\_\_\_\_  
\_\_\_\_\_

Scholarship opportunities:

\_\_\_\_\_  
\_\_\_\_\_

Educational objective(s):

\_\_\_\_\_  
\_\_\_\_\_

Means of evaluation:

\_\_\_\_\_  
\_\_\_\_\_

Means of transportation: \_\_\_\_\_

**Please attach itinerary to this form**

Before departure all students and parent/guardian and chaperones will read and sign the Rules and Regulations Statement and chaperones must receive Volunteer training.

The Student Health Information Form will be completed by each student's parent/guardian before departure.

I deem this field trip to be consistent with school board policy governing field trips .

\_\_\_\_\_  
(Signature of teacher(s) coordinating field trip)

\_\_\_\_\_  
(Signature of principal)