



308 Martinsburg Road, Mount Vernon, OH 43050 740-393-6767 Fax 740-393-6812

REQUEST FOR FIELD TRIP

Destination: _____ Date of Trip: _____

Departure Time: _____ Return Time: _____

What curriculum area is reinforced by this trip? _____

Explain goals: _____

How will the field trip be evaluated? _____

Number of students attending: _____

Names of supervising staff: _____

Names of volunteers assisting: _____

Transportation: Walking Bus Other _____

Miles to be traveled: _____

Cost to program: _____

Cost to students: _____

Special needs and arrangements (food, clothing, etc.): _____

Brief description of plan for field trip: _____

Permission Requested By: _____
Employee Date

Approved by: _____
Supervisor Date