

Field Trip Request Check List: **Before sending to Central Office**

- ____ 1) Principal's signature ____ 2) *Funding Source* information included (School, Group, Department, etc)
 ____ 3) Lunch plans & Café Mgr. signature ____ 4) Nurse's signature ____ 5) List of names of students attending & medical needs



Field Trip Request

SCHOOL _____

Teacher Making Request: _____

Date of Request _____

Principal's Signature: _____

Date of Approval: _____

(Approving Trip)

Funding Source: _____

Central Office Approval: _____

Date of Central Office Approval: _____

Lunch Plans: _____

Café Mngr. Signature: _____

Date Trip is Planned	Group, Class, etc.	# of Students	# of Chaperones	Destination of Trip	Number of Buses	Departure and Return Time

- Will there be students going on the field trip with medical conditions, taking medications, etc.? YES NO (Circle One)
- Has the school nurse been notified and a list of participating students *provided 10 days prior* to the field trip? _____
Nurse's Signature

Curriculum Trip Correlation: _____

- ** An explanation letter for the trip may accompany this form.
- ** This form must be completed in full (with signatures) before approval will be considered.

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

TRIP COORD. NOTIFICATION

After final approval from Central Office, school admin.
 notified Trip Coord. on _____ via _____
Date Contact Method: fax, email, etc.