

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

- 1) Principal's signature _____ 2) Funding Source/Bill To 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: _____
(Approving Trip)

Date of Approval: _____

Central Office Approval: _____
Funding Source _____

Date of 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.)

SCHOOL ADMIN: After FINAL approval from Central Office
School notified Trip Coord. on _____ via _____
Date _____ Contact Method _____