



FIELD TRIP REQUEST



Group Name: _____

Supervising Teacher: _____

Dates of Travel		
Destination		
Stops requested	1) 2) 3)	
Overnight?	Yes / No Hotel:	
Return Departure	Spot@	Depart for PCA@
Return Stops	1) 2) 3)	
Return Arrival		
# of Passengers	Students: #	Teachers: #
Special Requests		
Principle Signature		

Every trip MUST BE approved by either the elementary principal, **Jeri Atwood**, or the secondary principal, **Roberta Hardy** or it will not be secured.