

Wayne Local School District

FIELD TRIP REQUEST FORM

Please complete the information requested below. After completion return this form to the Principal's office for approval. If approved by the Principal, send to the Superintendent's office for approval.

DESTINATION _____

DATE OF TRIP _____

PURPOSE OF TRIP _____

TIME OF DEPARTURE _____ TIME OF RETURN _____

HOW MANY STUDENTS INVOLVED _____

NAME OF CHAPERONE(S):

1) _____

2) _____

3) _____

METHOD OF TRANSPORTATION _____

(IF A BUS OR VAN IS NEEDED, YOU MUST FILL OUT A BUS OR VAN REQUEST FORM 7 DAYS IN ADVANCE)

Signature of Teacher

Date of Request

Signature of Principal

Date

Signature of Superintendent

Date

A copy of the approved or disapproved request will be returned to the teacher.