

MATHEWS LOCAL SCHOOL DISTRICT FIELD TRIP REQUEST FORM

Teacher _____ School/Class: _____

Request Date: _____ Trip Date: _____ Destination: _____

Number of Students: _____ Names of Staff/Chaperones: _____

Contact Person: _____ Phone: _____

Number where you can be reached in case of emergency: _____

Educational Objectives and Course of Study: _____

Pre-Trip Activities: _____

Post-Trip Activities: _____

NOTE: Please attach a field trip itinerary of the field trip to this form.

For Office Use

Trip Approved: ___ Trip Disapproved: _____ Principal: _____ Date: _____

Trip Approved: ___ Trip Disapproved: _____ Superintendent: _____ Date: _____
