

LORAIN ISD
FIELD TRIP REQUEST

TODAY'S DATE: _____

DATE OF TRIP: _____

CLASS/ORGANIZATION MAKING REQUEST: _____

DESTINATION: _____

DEPARTURE TIME: _____ RETURN TIME: _____

NUMBER OF PASSENGERS: _____ BUS DRIVER: _____

COST OF FIELD TRIP: _____

REQUESTED BY: _____

DO THESE STUDENTS NEED LUNCHES? YES NO (PLEASE CIRCLE)

NUMBER OF LUNCHES NEEDED: _____ DATE: _____ TIME: _____

NUMBER OF ADULTS ATTENDING: _____ NUMBER OF ADULTS NEEDING LUNCHES: _____

(THE FIELD TRIP MANAGER MUST GIVE MS. TERESA BURTON A COPY OF THIS REQUEST ALONG WITH THE LIST OF STUDENTS THAT WILL BE ON THE TRIP, IF THE STUDENTS ARE GONE AT LUNCHTIME.)

(THE FIELD TRIP MANAGER MUST ALSO MAKE ARRANGEMENTS WITH THE BUS DRIVER, INDICATING ABOVE BY THE BUS DRIVER'S SIGNATURE.)

PRINCIPAL APPROVAL: _____ DATE: _____

SUPERINTENDENT APPROVAL: _____ DATE: _____