

SARANAC CENTRAL SCHOOL DISTRICT

FIELD TRIP REQUEST

Name of Teacher: _____ Grade: _____ EXT: _____

Number of Students Attending: _____ Number of Adults Attending: _____

Trip Destination: _____

Purpose of Trip: _____

Date of Trip: _____

Requested Time of Departure from School: _____ a.m. _____ p.m.

Expected time of Departure from Field Trip Area: _____ a.m. _____ p.m.

Expected time of Return to School Building: _____ a.m. _____ p.m.

PLEASE CONFIRM VEHICLE AVAILABILITY PRIOR TO SENDING REQUEST FOR APPROVAL

Date/Time Bus Confirmed: _____ Number of Bus(es) Required _____

Responsible Party Contact Information in Case of Emergency: _____

Will class be eating in the regular school cafeteria on this date? _____ yes _____ no

Will any bag lunches be needed? _____ yes _____ no

If yes, please indicate how many will be needed _____

Also, on the back of this request form please indicate the names of the students' receiving lunches.



FOR OFFICE USE ONLY

Date Approved/Rejected: _____ Principal: _____

Date Approved/Rejected: _____ Superintendent: _____

cc: Teacher

Building Nurse

Transportation Dept.

Building Head Cook

School Lunch Manager