

East Central High School
Request for Approval of Field Trip-Form 2

Complete all of the following information as part of your request. Request at least 2 weeks in advance of the event.

Today's Date: _____

1. Name of Event: _____

Purpose of Event: _____

2. Date of Event: _____ Day of Week: M T W T F S Sn

Location of Event: _____

3. Students: Attach list if needed.

4. Length of Stay: _____

5. Cost per student: _____

6. Is this event paid by student, club, or district? _____

7. Number and names of chaperones who will be attending this event: _____ Cell Phone # _____

8. Method of transportation: _____

9. Total estimated cost of trip: _____

10. **Substitute Needed?** Yes _____ No _____ If Yes, Funds paying for sub: _____

Upon approval of the Principal, obtain signed parent permission slips for each student who will be participating and place these on file with the Principal.

Special Notes to Administrator: _____

Before departure, have in your possession information for your use in the event of an emergency; name, address, and phone number of parents.

Teacher/Sponsor Signature

Date

Teacher/Sponsor Signature

Date

#1. ACADEMIC DEAN'S SIGNATURE OF APPROVAL: _____

#2. PRINCIPAL'S SIGNATURE OF APPROVAL: _____

(MUST BE APPROVED BY BOTH)

(For Office Use) Notes: