

FAIRPORT HARBOR EXEMPTED VILLAGE SCHOOLS

FIELD TRIP REQUEST FORMS

Submitted and approved by March 1st, annually 1 per Teacher/Grade

TRIP INFORMATION

Date(s) of Trip	Grade(s)	Teacher(s)	
Destination	Phone()		
Address		City	State
Purpose of the trip:			
Contact Person at Destin	ation		
Has approval been secure	ed from location to be visit	ed YES] NO
	of –State field trips require nticipated trip departure d		val. Please submit requests at least sixty
Number of Students:	Number of Adults: _	Total Numbe	r of Persons:
Departure Time:	AM	PM Return Time:	AM PM
Method of Transportatio	n: Walk Va	n School Bus (Mus	t return by 2:00 p.m.) Charter Bus
Has Parent/guardian per	mission been secured, or w	vill be secured prior to trip	departure? Yes No Will be
Has cafeteria been notific	ed? Yes No	o Will be Ca	feteria Bag Lunch Lunch from home
Lunch to be purc	hased		
Cost of the Trip		, Cost of transportation	
List chaperones by name	(recommended rate of one	e (1) adult for each ten (12)	students)
Approval			
Building Administrator	Date	Superintende	nt Date