

WINSLOW TOWNSHIP SCHOOL DISTRICT FIELD TRIP REQUEST

This form must be submitted and approved four weeks prior to the date of the trip.

School Number: _____ Date: _____

Trip Date: _____

Teacher(s) Submitting Request: _____

Grade/Class: _____

Destination: _____

Address: _____ Phone number: _____

Departing time: _____ Arrival time: _____

# of Participants	Transportation Needs	Cost
Students:	Mini bus (1-24):	Students:
Staff/Chaperones:	Large bus (25-54):	Staff/Chaperones:
		Transportation:
		TOTAL COST:

Account / Program Number to be charged: _____

Briefly explain how this trip relates to the curriculum?

1. _____
2. _____
3. _____

APPROVED BY: Building Principal: _____ Date: _____

Project Administrator: _____ Date: _____

Superintendent / Designee: _____ Date: _____

Transportation Director: _____ Date: _____

Assigned Bus Driver: _____ Date: _____