

Old Forge School District

FIELD TRIP REQUEST

Date: _____

I, _____, advisor for the members of the _____
_____ request permission to take these members on a
field trip. Listed below you will find all pertinent information regarding this trip:

Field Trip Location (School, etc.)

Organization/Class _____

Address of Location _____

Date(s) of Field Trip _____

Value in Attending _____

Type of Transportation _____

(Please fill out reverse side for transportation information)

Number of Days Substitute is Needed _____ x \$ 91.38/per day = _____

Financed by _____ Total Cost \$ _____

Are Parental Permission Slips on File? _____

Advisor/Teacher's Signature

Approval:

YES NO Principal: _____
Date: _____

YES NO Business Manager: _____
Date: _____

YES NO Superintendent: _____
Date: _____

STUDENT ACTIVITY TRANSPORTATION REQUEST

Date of Application: _____

Advisor Name: _____

Group Name: _____

Type of Event: _____

Location: _____

Date: _____

How many people: _____

Origination of departure: _____

Destination: _____

Type of transportation requested (bus, van, etc.): _____

Time of departure: _____

Time of return pickup: _____