



## OUT OF STATE AND/OR OVERNIGHT FIELD TRIP APPLICATION

<b>School:</b> _____	<b>Instructor/ Advisor:</b> (First & Last Name) _____
<b>Name of Organization/Club:</b> _____	

<b>Start Date of Field Trip:</b> _____	<b>End Date of Field Trip:</b> _____
<b>Destination:</b> (City, State) _____	
<b>Approximate Number of Students Participating:</b> _____	
<b>Parental Permission Secured:</b> YES NO Other: _____ (Circle One)	
<b>Number of Chaperones Accompanying Group:</b> _____	<b>Number of Classroom Substitute Teacher Required:</b> _____
<b>Reason for Field Trip:</b> _____ _____ _____	
<b>Applicant's Signature:</b> _____	<b>Date:</b> _____

### Building Principal Recommendation

<b>Recommended:</b> _____	<b>Not Recommended:</b> _____
<b>Comments:</b> _____ _____	
<b>Principal's Signature:</b> _____	<b>Date:</b> _____

### District Approval

<b>Approved:</b> _____	<b>Not Approved:</b> _____
<b>Comments:</b> _____ _____	
<b>Director of Secondary Education Signature:</b> _____	<b>Date:</b> _____