



LINDEN CITY SCHOOLS



FIELD TRIP REQUEST FORM

Purpose of Trip	Date of Request	Number of Students	Grade Level of Students

Names of All Chaperones	

Name of Head Chaperone

Destination of Trip

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Date of Departure	Date of Return

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Hour of Departure	Hour of Return

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Place of Departure	Place of Return

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NOTE: In case the return hour cannot be met due to mechanical problems, late leaving, etc., the head chaperone should notify the school principal or a responsible parent and request them to go to the return point and make waiting parents aware of the updated return time.

If an overnight trip is involved, give:

Name of Hotel/Motel	Phone Number of Hotel/Motel

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Are signed parental permission slips on file for each student making this trip?	If Transportation is needed, give name of certified/licensed bus driver.	School nurse must be notified so arrangements can be made if nurse is needed.
Yes > <input type="checkbox"/>		
No > <input type="checkbox"/>		

Yes >	No >	Nurse Initials

Please provide funding sources for the following:

Field Trip	Bus Driver

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