

EDINBURGH COMMUNITY SCHOOL CORPORATION
FIELD TRIP
REQUEST FOR APPROVAL

Teacher in Charge _____ Name of Group _____

Number of Students _____ Grade _____ Number of Adult Supervisors _____

Destination _____ Within Johnson County: Yes ___ No ___
Address _____

Telephone _____ Times: Leaving School _____

Date of Trip _____ Returning to School _____

Describe Transportation Needed _____

Costs: Transportation _____ Method of financing _____

Admission _____

Meals _____ Parental Permission Slips to be

Total Cost _____ sent _____ (Date)
(Attach a Copy)

Transportation Approved/Disapproved _____
(Transportation Director)

Educational justification of trip _____

Approval/Disapproval _____ Date _____
(Principal)

Reason for Disapproval _____

Approval/Disapproval _____ Date _____
(Superintendent)

Reason for Disapproval _____

Approval/Disapproval _____ Date _____
(Board)

Reason for Disapproval _____

Transportation Director - White Copy
Driver - Yellow Copy

Principal - Pink Copy
Teacher - Gold Copy