9.	20	07
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MARYSVILLE PUBLIC SCHOOLS DAY FIELD TRIP REQUEST FORM				
students leaving school gro	unds. This form must be	planning a field trip or special activity turned into the office as soon as possi he building.	ble. This	
School:	Today's Date:	Date of Trip:		
Teacher:		Grade:		
Destination: (*Overnight Field Trips must	have Board approval – Ple	ase Use Overnight Forms)		
# of Students:	# of Staff:	# of Chaperones:		
How will this trip be funded?				
Purpose of Trip: i.e. Subject	Area Covered/Course of St	udy (include attachments/itinerary):		
TRANSPORTATION: (Contac Type of Transportation:	ts to Bus Garage should be Bus (School or Ch School Van Other	<u>e made by Bldg. Secretary Only)</u> arter – circle one) me Returning (to school):		
<u>COST:</u> Total Cost: \$	Total # of Students:	Total Student Cost: \$		
ADDITIONAL INFORMATION: etc):	(Special Instructions – dre	ess code, lunch instructions, spending mo	oney,	
***********	FIELD TRIP AI	PROVAL	*****	
Principal's Signature		Date		
Superintendent's Signature		Date		