## MARYSVILLE PUBLIC SCHOOLS OVERNIGHT FIELD TRIP REQUEST FORM

Please complete the following form any time you are planning an overnight field trip or special activity involving students leaving school grounds. This form must be turned into the office as soon as possible. This form must also be on file in the office prior to leaving the building.

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School:	Today's Date:	Date of Trip:	
Teacher:		Grade:	
Destination:		ease Attach Detailed Information	<u> </u>
( Over Night Field Trips ind	st liave Board approval – Fi	ease Attach Detailed information	)
# of Students:	# of Staff:	# of Chaperones:	
How will this trip be funded	?		<del></del>
Purpose of Trip: i.e. Subject	: Area Covered/Course of S	tudy (include attachments/itinera	ry):
	cts to Bus Garage should b Bus (School or Ch School Van	**************************************	
Time/Date Leaving (from sc	hool): Ti	me/Date Returning (to school): _	
COST: Total Cost: \$	Total # of Students:	Total Student Cost:	\$
ADDITIONAL INFORMATION etc):	N: (Special Instructions – dr	ess code, lunch instructions, spe	ending money,
**********	**************************************	**************************************	*******
Principal's Signature		Date	
Superintendent's Signature		Date	
Board of Education Preside	nt	Date	