DuBOIS INTEGRITY ACADEMY
FIELD TRIP REQUEST FORM

Teacher(s): ___________________________  Class: __________________________

Date of Request: ________________________  Date of Trip: _____________________

Destination: ________________________________________________________________

Departure Time: _______________  Return: _______________  Cost: ________________

Funding Source: ______________________________________________________________

Means of Transportation: _______________________________________________________

No. of Staff: ________________  No. of Chaperones: _____________  No. of Scholars ___________

Purpose of Trip: __________________________________________________________________

Standard(s): __________________________________________________________________

Learning Objectives: __________________________________________________________________

____________________________________________________________________________________

************************************************************************************************************************

Trip Approved: ________________________  Bus Approved: ________________________

Signature  Signature

Trip Disapproved: ________________________

Signature

************************************************************************************************************************

The staff member in charge will have a COMPLETED PERMISSION SLIP INCLUDING EMERGENCY INFORMATION for each student on the field trip.

_________________________________________  ________________________________
Staff Member  Staff Member Signature