

Crowley County School District RE 1-J
Field Trip Request Form

Request By _____
Grade level or Teacher

Dept. Making Request _____

Bill Trip To: Activity Fund Classroom Students Will Pay Other

Person(s) who will supervise trip: _____

Trip Description: _____

Number of Students _____

Number of Adults _____

Trip Date: _____

Alternate Date: _____

Pick up at: _____

Pick up time: _____

Destination: _____

Arrival time: _____

Leave time: _____

Return to: _____

Return time: _____

Contact phone at destination: _____

Special instructions (extra stops) for driver: _____

*** THIS FORM IS DUE IN THE OFFICE TWO WEEKS BEFORE PLANNED TRIP.**

***ANY REQUEST FOR CHECKS NEED TO BE MADE 2 WEEKS BEFORE TRIP.**

(Information needed: who to make check out to, how much, who will pick up check from office).

Principal authorization: _____

Date: _____

Lunchroom contacted: _____

Date: _____

Transportation authorized: _____

Date: _____