

**WL-S FIELD TRIP REQUEST FORM****DATE FORM COMPLETED:**

Trip To: \_\_\_\_\_

Location Address: \_\_\_\_\_

Trip Date(s): \_\_\_\_\_ Grade: \_\_\_\_\_ Sub Needed? Yes \_\_\_ No \_\_\_

Class or Organization: \_\_\_\_\_

Field Trip Contact Name: \_\_\_\_\_

Time Departing: \_\_\_\_\_ Time Returning: \_\_\_\_\_

Meal Stop (time/location) if applicable: \_\_\_\_\_

Number of students: \_\_\_\_\_ Transportation Type: \_\_\_\_\_

**Relation to Curriculum/Educational Program:****Preparation for Trip:****Expected Value to Students:****Proposed Evaluation of the Trip:**

---

**PRINCIPAL'S APPROVAL:** Your educational trip plans for the date: \_\_\_\_\_ are approved.

You may now proceed with making any final arrangements necessary.

Principal's Signature \_\_\_\_\_