

BROOKHAVEN SCHOOL DISTRICT FIELD TRIP REQUEST FORM

FIELD TRIP - Any time a group of students leaves campus for any reason)

NOTE: THIS IS DUE IN CENTRAL OFFICE TWO (2) WEEKS PRIOR TO THE TRIP

TODAY'S DATE:

SCHOOL, DEPARTMENT, OR GROUP REQUESTING TRIP:

DATE OF FIELD TRIP:

TIME OF DEPARTURE:

PICK UP LOCATION:

PURPOSE OF FIELD TRIP:

SUBJECT / SKILL / OBJECTIVE PRESENTLY TAUGHT:

OVERNIGHT ACCOMMODATION:

YES

NO

PHONE:

PLACE:

DESTINATION (PLACE, CITY, STATE)

DATE AND TIME OF ARRIVAL BACK IN BROOKHAVEN

EXPENSES TO BE PAID BY:

TOTAL AMOUNT:

STUDENTS COST IF REQUIRED

SOURCE OF FUNDS:

BUDGET CODE:

TYPE OF TRANSPORTATION USED
AND/OR NEEDED:

OF VEHICLES:

#PERSONS IN VEHICLES:

WILL THIS TRIP REQUIRE A SPECIAL NEEDS BUS?

YES

NO

SIGNATURE: _____

(Employee Requesting Field Trip)

SIGNATURE: _____

(Principal)

SIGNATURE: _____

(Transportation Director)

SIGNATURE: _____

(Superintendent)

DRIVER(S)

RACE/SEX

PHONE

CHAPERONE(S)

RACE/SEX

PHONE

DRIVER(S)	RACE/SEX	PHONE	CHAPERONE(S)	RACE/SEX	PHONE

STUDENT(S) NAME

ADDRESS

TELEPHONE #

RACE / SEX

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STUDENT(S) NAME

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TELEPHONE #

RACE / SEX

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