

LAKELAND SCHOOL DISTRICT
FIELD TRIP REQUEST FORM

Instructions: Complete this form in its entirety and return to your building Principal

Teacher: _____ Date: _____

School: _____

Destination: _____

Dates: _____

Purpose: _____

Cost Per Pupil:	Admission Fee	\$ _____
	Transportation	\$ _____
	Total	\$ _____

Type of Transportation _____ Cost _____

Number of Persons Going on Trip:

Students _____

Teachers _____

Parents _____

Total _____

Substitute(s) needed? Yes (Contact Mrs. Prebich) No

Paperwork on file for each parent? Yes No

Departure Time: _____ From: _____

Return Time: _____ To: _____

Lunch Arrangements: _____

Comments _____

Principal Date

Approved Disapproved

Business Manager Date

Approved Disapproved

Superintendent Date

Approved Disapproved

Transportation Director Date

Scheduled: _____

Business Office Use Only

Account Code: _____