

ORE CITY INDEPENDENT SCHOOL DISTRICT

Request for Field Trip Approval

Date of field trip _____

Destination of field trip _____

Instructional purpose of field trip and its relationship to the curriculum:

Sponsor and organization _____

Number of students _____ Number of adults _____

Departure time _____ a.m. or p.m. Return time _____ a.m. or p.m.

Signature of sponsor _____

Date of request _____

FOR OFFICE USE ONLY

Approved

Disapproved

Principal _____

Superintendent _____