



FIELD TRIP REQUEST

1. After investigating the possibilities and costs of the proposed field trip, complete this form and submit to the department chairperson or head coach/moderator of this group for approval.
2. Submit the approved request to Ms. Pendleton.
3. **At least fourteen (14) days before the field trip:** Attach a complete list of faculty/chaperones to this form and submit to Ms. Pendleton. Submit a list of students and permission forms to Ms. Ieremia.

***A 4TH quarter field trip must be approved by October 1.**

Faculty Name: _____ Academic Dept. /Activity: _____

Date of Field Trip: _____ Time of Field Trip: _____

Location of Field Trip: _____

Purpose/Goal of the field Trip as it Relates to Course Activity: _____

PARTICIPANTS:

1. Grade of students: _____
2. Number of students: _____
3. Number of chaperones in addition to faculty/staff (a ratio of no more than 1:10): _____
4. Total cost for trip: \$ _____

TRANSPORTATION:

Kind of transportation (bus, van, car): _____
If Fenwick driver, who? _____ (arrange driver w/Mr. Ruffino if needed)

SUBSTITUTE NEEDS:

What faculty/staff will participate: _____

MEALS:

When will students eat lunch? _____
Meals cost x participants: \$ _____ Will Fenwick incur any cost? _____yes _____no

TOTAL ESTIMATED COST:

Per student: \$ _____ x number of students: \$ _____
Fenwick portion (Dept. budget): \$ _____

Faculty/Staff Member: _____ **Date:** _____

Dept. Chair/Head Coach/Moderator: _____ **Date:** _____

Assistant Principal: _____ **Date:** _____

Principal: _____ **Date:** _____