

REQUEST FOR FIELD TRIP/EXCURSION

TEACHER IN CHARGE _____ DATE OF APPLICATION _____
TEACHER ASSISTANTS _____ DATE OF TRIP _____
GROUP/CLASS _____ BUILDING _____
DESTINATION _____ NUMBER OF STUDENTS _____
APPROXIMATE MILEAGE _____ ADMISSION PRICE (if any) _____
TIME SCHEDULE: RELEASED FROM CLASS _____ BOARD BUSES FOR RETURN _____
LEAVE SCHOOL _____ ARRIVE AT SCHOOL _____

PURPOSE OF TRIP: _____

TRANSPORTATION OR OTHER SPECIAL REQUIREMENTS: _____

Specific provisions for entering the building if the time for departure or return does not coincide with regular school hours (weekdays from 8:00 am to 3:00 pm when school is in session).

Please note any scheduled assignments (classes, study halls, supervisory assignments, etc.) which will need to be covered during this period of this field trip.

NOTE: The teacher in charge of this trip will be accountable for strict adherence to policies pertaining to trips.

SIGNED _____ Date filed with Building Principal
Teacher in Charge

APPROVED _____ Date forwarded to Superintendent
Building Principal

APPROVED _____ Date Copies Forwarded to Transportation
Superintendent Supervisor and Building Principal

1. This request must be submitted to the building principal three (3) weeks in advance of the date requested for the trip.
2. List the names of students on separate sheet.

**Cincinnati Central School
NOTICE OF FIELD TRIP/EXCURSION**

Dear _____,

Your student's class has scheduled a trip on _____

to _____
(destination)

The group will be leaving at _____ (AM) (PM) and plans to return at _____ (AM) (PM) on _____.
The trip is an optional school activity and as such must have the consent of the parent or guardian. The group to be transported by means of _____.

Please sign and return the attached form by _____.
(date)

Sincerely,

Teacher/Principal

**FIELD TRIP/EXCURSION
PARENT/GUARDIAN CONSENT**

I hereby give permission for my student, _____
(student's full name)

To participate in a school sponsored trip to _____
(place)

I understand that my student will leave on _____, _____
(date) (time)

and is expected to return on _____, _____
(date) (time)

MEDICAL INFORMATION

Name of family doctor _____

Doctor's phone number _____

Is your child taking any medication with him/her on the trip? _____

If so, what is it and who is expected to administer this medication? _____

Additional medical considerations _____

Should emergency medical services be required for your child during the trip, medical personnel will be contacted immediately.

(Signature of Parent/Guardian)

(Telephone No.)

(Date)