COTTAGE GROVE HIGH SCHOOL

REQUEST FOR FIELD TRIP

Staff member:		Date of request:				
Course/	Program:	# of travelers:				
Date of	field trip:	Depart time:		_ Return time:	Return time:	
Name a	nd address of destination:					
Purpose	eld trip out of state? Yes No e/Description of the field trip:		If your to must hav months p			
	ute needed? Yes No Funding code	for sub:				
	d of transportation: (If transportation is needed via bus, please fi	ll out questions 1-10 below)	Priv	vate automobile	Walking	
1)	Pickup location:		2)	Pickup time:	(AM/PM)	
3)	Drop off location:		_4)	Return pickup time: _	(AM/PM)	
4)	Desired drop off time at return location:	(AM/PM				
5)	Number of students riding the bus:					
6)	Number of staff riding the bus:					
7)	Number of adult chaperones not employed	by the district riding the	ous:			
8)	Will there be a meal during the field trip Ye	es No				
9)	If yes, please select from the following: On	board eating Stopp	ing a	at a restaurant	Other	
10)	Special parking or other considerations requ	uired:				
Name(s) of staff members who will supervise the fie	ld trip:				
Name(s) of non-staff adults who will be going on the	e field trip:				
**All ch	naperones must have a current SLSD backgro	ound history check on file				
2.	Attach a list of names that will be going on Send the attendance desk a list of students Submit request to the principal at least 10 c	who are going on the fiel days prior to the date of d	epai	rture (100 days prior to	o out of state trip).	
	STRATIVE ACTION: (To be completed by the State Board Approval Signature (If necessary)	principal)				
Tonya K	Cerns, Board Secretary:			Date		
	Field Trip Request Approved	Field Trip	Requ	uest Denied		

Comments:		
Principal's Signature		

INSTRUCTIONS SUBSEQUENT TO APPROVAL:

- 1. Schedule substitute teacher through Frontline.
- 2. Make sure student(s) has permission to go on field trip.
- 3. Any additional information has been gathered and dispersed (emergency contacts, itineraries, etc.)