

Field Trip FTR (Teacher's Initials) (Date of Trip)

Date of Trip: _____

Classes Attending: _____

Number of Students: _____

Estimated Costs: _____

Departure Time: _____

Return Time: _____

Destination(s): _____

Physical Address of Destination: _____

****Will A Van Be Needed For Afternoon Pick-up?** _____

***IF THE RETURN TIME IS LATER THAN 3:15PM MON. – THUR OR 12:05 ON FRI, WE WILL NEED TO SECURE A VAN (AT AN ADDITIONAL COST TO GROUP REQUESTING BUS)*

Teacher(s) Attending Field Trip	Cell Phone
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Curricular Goals and Objectives for the Trip:

Lesson(s) and/or Activities directly related to the field trip:

