

FIELD TRIP REQUEST

Please complete form and give to Head of School (High School) or K-8 Principal for approval.

Person making request: _____ Grade Level: _____

of Students _____ # of Adults _____

Place to be visited: Name: _____

Address: _____

Contact Person/Phone: _____

Approximate Cost or N/A: \$ _____

Date of Trip: _____

Departure Time: _____ Return to School Time: _____

___ We will **not** eat lunch at school.

___ **Request FHS Van:** *Van use is granted based on availability.*

___ **Request Bus:** *Bus approval to be determined*

___ **Parent/Volunteer Drivers** *(see below*)*

If Parents/Volunteers will be driving, each driver must have an updated **Driver Information Form on file with the main office. The attached form indicating the driver name, cell phone and which students the driver will be transporting must be submitted to the main office before departure for the field trip.*

Purpose of the Field Trip: _____

Substitute Needed: ___ Yes ___ No

If coverage is needed during the field trip, please send an email to subs@faithheritageschool.org with specific class periods that require coverage.

Teacher: _____ Date: _____

Approved by: _____ Date: _____

Van Use Approved: ___ Yes ___ No

Bus Approved: ___ Yes ___ No

Copies to: ___ Teacher ___ Office ___ Nurse ___ Café' ___ Vol Coor (Bus) ___ Business Officer

Field Trip: _____

Date: _____ **Supervising Teacher:** _____

Please list below the name and cell phone number of all drivers, including the names of students the driver will be transporting. *(If more space is needed, please use the back side)*. Please submit this form before departing.

Driver 1 Name: _____ **Cell #:** _____

Students Transporting: _____

Driver 2 Name: _____ **Cell #:** _____

Students Transporting: _____

Driver 3 Name: _____ **Cell #:** _____

Students Transporting: _____

Driver 4 Name: _____ **Cell #:** _____

Students Transporting: _____
