



Field Trip Request Form



Cayuga Independent School District
Elementary School Middle School High School

Teacher's Name: _____ Teacher's Phone: _____

Field Trip Date: _____

Departure Time: _____

Return Time: _____

Destination/Location of Field Trip:

Purpose/Goals of the Field Trip:

Number of Students Attending: _____ Number of Chaperones _____ Teachers Attending: _____

Transportation and Accommodation: per FMG (Local)

School Bus

Other (Specify): _____

Accommodation (if applicable):

Meals from Cafeteria: Yes or No If yes, How many _____

Overnight stay required: Yes or No

Lodging (Please Specify):

Emergency Contact Information:

Emergency Contact Person: _____

Emergency Contact Phone: _____

Alternate Emergency Contact Person: _____

Alternate Emergency Contact Phone: _____

Special Requirements/Considerations:

Special Health or Medical Needs of Students: _____

Special Dietary Needs/Allergies: _____

Other Special Requirements: _____

Approval and Signatures:

Principal's Approval:

- Approved
- Not Approved

Principal's Comments (if any):

School Board Approval for Out of State Travel:

- Approved
- Not Approved

Superintendent's Signature: _____

Superintendent's Comments (if any):

<input type="checkbox"/> <u>ATTACHED COPY OF PERMISSION SLIP</u> <input type="checkbox"/> <u>ATTACHED COPY OF CAYUGA ISD TRAVEL REPORT</u>

By signing below, I acknowledge that I have read and understood the guidelines and responsibilities associated with organizing this field trip.

Teacher's Signature: _____

Date: _____

Food Service Director's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

Please submit this form to the school administration for review and approval at least 10 school days prior to the proposed field trip date. Thank you
