

**MONROEVILLE LOCAL SCHOOLS
101 WEST STREET
MONROEVILLE, OH 44847
419-465-2610**

FIELD TRIP REQUEST FORM

Complete in **duplicate (2 copies)** and submit to your building principal at least fourteen (14) days prior to the date of the actual Field Trip. Verbal approval from your principal should be received before completion of the form.

Teacher/Advisor _____ Grade/Subject _____
 Signature _____ Date of Request _____ Date of Trip _____
 Trip Destination _____ Out of Huron County Yes _____ No _____
 Number of Students _____ Boys _____ Girls _____ Total Students _____ Number of Chaperones _____
 Purpose of Trip _____
 Course of Study _____ Learning Objectives to be Acquired _____

Course Objective the Learning Objective Will Achieve _____

Need Bus (Yes/No) If no, whose vehicle? _____ If Yes:

Number of Buses Requested _____ Number of Miles to Destination _____ Time One-Way _____
 (If buses are needed for this Field Trip a Transportation Request Form must be completed)

Ticket or Admission Fees _____ Yes _____ No _____ If yes, what amount charged per person \$ _____

Lunch (meal) provisions _____

Requests for the bus(es) to stop for meal must be noted on Transportation Request

NO FOOD IS ALLOWED ON BUSES

Substitute needed _____ All Day _____ A.M. _____ P.M. (From _____ to _____)

All school rules and code of conduct apply during Field Trips.

.....

_____ Approved	Principal _____	Date _____
_____ Not Approved	Reason _____	
_____ Approved	Superintendent _____	Date _____
_____ Not Approved	Reason _____	

**GOOD SCHOOLS MAKE BETTER COMMUNITIES
EQUAL OPPORTUNITY EMPLOYER**