

DELAWARE VALLEY SCHOOL DISTRICT FIELD TRIP REQUEST FORM

Today's Date:	School:	
Account Code:	Purchase Order No.:	
Class or Group:		
Teacher:	Number of Students:	Number of Adults:
Request to Attend:		
Field Trip Location:		
Field Trip Date:	Site Telephone No.:	
Contact Person in Event of Emergency:		
Departure Time from School:	Approximate Departure Time from Location:	
Particulars (if any):		
Chaperones to Participate:		
	1. _____	
	2. _____	
	3. _____	
	4. _____	
Cost:		
Transportation:	Bus: \$	Other (Specify): \$
Total Cost: \$		
Substitute Required:	Yes	No

Signatures:

Principal	Director of Transportation/Attendance
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Office Use Only:

Routing: Field Trip Request Form	Routing: Approved Copy by Principal
____ Principal's Secretary	____ Transportation Department
____ Transportation Department	____ Class or Group
____ Principal	____
____ District Office	____