

DELAWARE VALLEY SCHOOL DISTRICT FIELD TRIP REQUEST FORM

Today's Date:	School:
Account Code:	Purchase Order No.:
Class or Group:	
Teacher:	Number of Students:
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	____