

**WILLIAMSPORT AREA SCHOOL DISTRICT
REQUEST FOR FIELD TRIP**

Date of Request _____

School _____ Teacher(s) _____

Grade(s)/Group(s) _____ # of Students _____

Provision for Supervision _____

District Transportation Required _____ District Transportation **NOT** Required _____

If District transportation is not required, how will the students be transported? _____

How is the trip to be funded? Will students be charged a participation fee? If so, how much? If funded by the General Fund, **the approximate cost of the trip and string number of the appropriate budget account MUST BE PROVIDED** _____

Transportation String # _____

Other Applicable String #(s) _____

Will a substitute(s) be required? Please provide details _____

Destination and Approximate Miles _____

Educational Purpose of Trip _____

Description of Participants _____

When is the trip scheduled? During School Day _____ Outside School Day _____

Day and Date _____

Departure Time from School _____ a.m./p.m. (circle one)

Return Time from Trip _____ a.m./p.m. (circle one)

Has permission been received from parent(s)/guardian(s)? _____

Approved _____ Disapproved _____ Principal _____ Date _____

Approved _____ Disapproved _____ Superintendent _____ Date _____

Please submit three (3) signed copies of this form to the Superintendent's Office

Revised 8/01