

GOLDEN FEATHER UNION SCHOOL DISTRICT

FIELD TRIP REQUEST FORM

Teacher _____ Date of Trip _____

Destination _____

Purpose of Trip _____

Need School Bus Transportation? _____ # of Sack Lunches _____ # Breakfasts _____

Private Vehicles To Be Used? _____

Students _____ #Adults _____ Depart From _____ Time _____

Return To _____ Time _____

PLEASE ATTACH A LIST OR LIST BELOW ALL STUDENTS AND ADULTS
(INCLUDING OTHER STAFF MEMBERS) WHO WILL PARTICIPATE:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teacher's Signature _____ Date _____

Transportation Department: Units Assigned _____ Est. Cost _____

Drivers _____

Routing Instructions _____

Safety & Emergency Instructions:

Date _____ Driver _____ Time _____ #Students _____

Approvals: Principal _____ Date _____

Transportation Dept _____ Date _____

Superintendent _____ Date _____