



Seymour | COMMUNITY SCHOOLS

REQUEST FOR FIELD TRIP

Date of Request _____ Grade Level _____

School _____

Destination _____

Purpose of Trip _____

State Standards Applicable _____

As Principal, I recommend this trip be approved

BUS INFORMATION

Date of Trip _____ Time of Departure _____ Time of Return _____

Name of _____

Class/Group _____

Number of Adults/Chaperones _____ Number of Students _____

Destination _____

Overnight Yes No

Special Bus Accommodations(i.e., Walker, Wheelchair)

List of Person(s) Responsible for Trip _____

AUTHORIZATION

Trip Authorized by _____ Assistant Superintendent

Field Trip Coordinator _____ Date _____

Important Information:

Please contact the ECA Treasurer at 812-522-3340 two weeks prior to trip to verify payment will be processed.