



Green City R-1 School District

Field Trip Request Form



DESCRIPTION

School Requesting

Green City Elementary Green City High School Date(s) of Trip: _____
Grade(s): _____ Class(es)/Grade(s): _____

Teacher(s)/Sponsor(s): _____

Destination: _____

Reason for Field Trip: _____

Which Missouri Learning Expectations does this field trip connect? (List all): _____

Arrangements for students not participating: _____

Approximate Departure Time

Approximate Return Time

ESTIMATED COSTS

a) Number of students attending: _____

b) Admission per student: _____

c) Meal Plans:

Student Brings Sack Lunch Cafeteria Sack Lunch Student Brings Money District Pays

Student paid? Yes No How much?: _____
District paid? Yes No How much?: _____

Check(s) needed for admissions/meals/hotel/travel.

District Credit Card needed

Purchase Order (PO) to be used

No student may be denied participation solely because of inability to pay.



APPROVALS (Complete first)



NOTIFICATIONS (Complete only when approved)

Approved
 Not Approved

Date Submitted for Approval

Principal's Signature Date

Submit for Superintendent's Approval (if applicable)

Superintendent's Signature Date

Nurse
Signature Date

SPED
Signature Date

Para needed? Yes, who? _____
 No

Head Cook
Signature Date

Comments: