SPARTA UNIT #140 REQUEST FOR FIELD TRIP (Request is due two weeks prior to field trip date.)

| Date of Request: | | | |
|--|-----------------------|--|--|
| Requester: | | School: | |
| Grade Level, Group or Organization (For example, Grade 5, Math Club, etc.): | | Group or Organization Sponsor (if applicable): | |
| Trip Destination: | | Date of Trip: | |
| School or Departure: | | Return School: | |
| Departure Time From School: | | Return Time to School: | |
| Number of Students: | Number of Chaperones: | | Number of Busses Needed: |
| Substitute Needed (please check): Additional Information Regarding Substi | tute Teacher Needs (| For example, two su | bstitutes needed; a.m. only, etc. – <u>be specific</u> |

ALL STUDENTS MUST HAVE A SIGNED PERMISSION SLIP PRIOR TO GOING ON THE FIELD TRIP.

Please attach a copy of the detailed permission slip to be sent to parents.

Signature of Requester

What is the purpose of the trip?

If the trip relates to the curriculum, specifically which Illinois Learning Standards will be addressed?

Please provide a list of all students who are not eligible for district transportation on a regular basis.

PAID BY DISTRICT

NOT PAID BY DISTRICT

| Meets requirements for field trip requirement Yes | No | Trip charged to: |
|---|----|------------------|
| School/Activity Account or Organization Name: | | |
| Cost Charged Per Student: | | |

FOR ADMINISTRATIVE USE ONLY

Principal's Approval

Date

Superintendent's Approval

Date