West Central CUSD #235 Field Trip Request

Teachers/Sponsors:	
	and the
	(Class or Organization)
requests permission for a field tr	rip to (place and town)
Date of Trip:	Bus Required:
Number of Students:	Number of Adult Supervisors:
Departure Time:	Return Time:
Estimated Pupil Cost:	Substitute Needed: Yes No
List the educational objectives a	nd expectations of this trip:
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(Today's Date)	(Teacher's or Sponsor's Signature)
(Date)	(Principal's Signature)
(Date)	(Superintendent's Signature)
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Any changes places call the SIT	DEDINTENDENT'S OFFICE IMMEDIATEI V Jagga a

Any changes, please call the SUPERINTENDENT'S OFFICE IMMEDIATELY, leave a message with someone in that office.

Revised: August, 2005