

FIELD TRIP Request Form

Evangelical Christian Academy

(Turn in two weeks prior to trip to the Principal)

CLASS: _____ TEACHER: _____ GRADE(S): _____

TRIP DATE: _____ DEPARTURE TIME: _____ RETURN TIME: _____

OF STUDENTS: _____ COST PER STUDENT: _____ PER ADULT: _____

Is this a discounted price? Explain. _____

Destination & Educational Purpose of the trip: _____

Mode of Transportation: _____

Do you need a letter or document for admission? Yes _____ No _____

What information should be included in this letter or document? _____

Contact Person (if any): _____ Phone Number _____

Address _____

Are your classes covered that you will be missing?

Please list the class name(s) and period(s) below and who will be covering your classes.

Secondary Teachers: Please put your trip on the test calendar.

Name of Adult Chaperons:

Field Trip Procedures – prior to departing please be sure to take note of the following guidelines. Take the school cell phone, emergency first aid kit, a copy of the yellow emergency information cards,

For office use only:

Trip approved Admission Letter Given to Teacher Substitute(s) Arranged _____