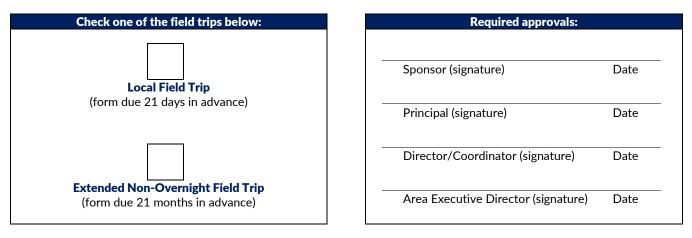


NON-OVERNIGHT FIELD TRIP REQUEST FORM

Organization / Grade Level Campus	Faculty Sponsor's Name
Departure Date Departure Time Return Date Return	urn Time # of Students # of Adults
Trip Destination	Day to be missed
Trip Destination	Day to be missed Instructional Day Weekend
Trip Destination Curriculum Connection & Pur	Instructional Day Weekend

***Briefly identify and describe the curriculum connection, TEKS , and purpose of trip.



School Policy Requirements:			
□ Rules & consequence (contra	ct) unsigned copy	Detailed itinerary attached	
\$ Estimated co	st of trip	List of participants (chaperones & students)	
\$ Estimated co	st per student	Detailed financial information attached (fundraising, transportation, meals, etc.)	
\$ Funds on har	nd as of today		
\$ Funds yet to	be raised	Permission forms signed & returned to campus (chaperones & students)	
		Sponsor has read Administrative Guidelines	
Budget or activity fund number		(those that pertain to field trip procedures)	

