

# St. John Paul II Catholic High School

## Field Trip Request Form

Teacher(s) in charge: \_\_\_\_\_

Organization/Club/Group/Class: \_\_\_\_\_

Field Trip Description and Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Date of Field Trip: \_\_\_\_\_ Location: \_\_\_\_\_

Address: \_\_\_\_\_

Student Dismissal Time: \_\_\_\_\_ Bus departure time: \_\_\_\_\_

Bus return time: \_\_\_\_\_ Pick up location: \_\_\_\_\_

Number of students: \_\_\_\_\_ Number of adults: \_\_\_\_\_

**\* Note: Turn this form into Mrs. Thomson. If class will be missed by students, please attach a copy of your class roster(s) to this form.**

### **For Mrs. Thomson's Use Only**

Date Submitted: \_\_\_\_\_

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Field Trip Approved and administration/office notified \_\_\_\_/\_\_\_\_/\_\_\_\_