

# Maple Heights City Schools

## Field Trip Form

This form must be submitted at least 30 days prior to the date of the trip. If you will need school transportation, check availability of buses with Lynda Keene at ext. 1332 **BEFORE SUBMITTING THIS FORM**. When availability is determined, forward this form to Ms. Keene at the high school. She then will forward it to central office for further processing and final approval.

Today's Date: \_\_\_\_\_ Building: \_\_\_\_\_

Name(s): \_\_\_\_\_ Subject/Grade: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Substitute Required: \_\_\_\_\_

Spot Substitute Required: \_\_\_\_\_

Approx. number of student going: \_\_\_\_\_ Approx. number of adults going: \_\_\_\_\_

Form of transportation: \_\_\_\_\_, if other please specify: \_\_\_\_\_

No. of Bus(es): \_\_\_\_\_ Cost of Transportation: \_\_\_\_\_ Cost Covered By: \_\_\_\_\_

**GIVE A BRIEF DESCRIPTION AND INSTRUCTIONAL PURPOSE OF THIS FIELD TRIP.**

Trip Destination: \_\_\_\_\_

Time Leaving School: \_\_\_\_\_ Time Returning: \_\_\_\_\_

Teacher or Coordinator

Department Head or Director

Principal

Curriculum Office

### \* BUS REQUISITION

_____	_____	
Date of Trip	Destination	
_____	_____	
Special Requests (ie, lunch, car seat, etc)	Complete Address	
_____	_____	
Teacher, Grade or Class and Building	Pick Up Location	
_____	_____	
Time Leave School	Time Leave Site	Time Return to School

**ALL FIELD TRIPS ARE TAKEN BETWEEN THE HOURS OF 9:00 A.M. & 2:00 P.M.**

**FOR OFFICE USE ONLY**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Superintendent \_\_\_\_\_

Date \_\_\_\_\_