

LONDONDERRY SCHOOL DISTRICT

EDUCATIONAL FIELD TRIP FORM
(School Approved)

This form is to be executed by the teacher requesting the field trip. It is to be filed in the Office of the Superintendent of Schools one week prior to the activity.

Teacher in charge: _____

Names and phone numbers of adult chaperones: _____

School: _____ No. of students: _____ Grade: _____

Date of activity: _____

Destination and Lodging: _____

Cost per Student: _____

Time and place of departure: _____

Time of return: _____

Method of transportation: _____ Name of bus company _____

Number of private vehicles: _____ Other (please state) _____

Objectives: _____

Pre-trip activities including any fundraising activities: _____

Post-trip activities: _____

Date: _____

Date: _____

Signature, Teacher In Charge

Signature, School Nurse

Date: _____

Nurse required: Yes / No

Signature, Building Principal