

CAPE HENLOPEN SCHOOL DISTRICT FIELD TRIP REQUEST FORM

EMPLOYEE NAME(S): (If more needed, place on back of this sheet) **EMPLOYEE CELL PHONE NUMBER(S):** (Field Trips Only)

1. Field Trip Title: _____

2. Date(s) and Time(s): _____

3. Location of Field Trip: _____

4. Will you need a substitute? AM _____ PM _____ ALL DAY _____
If you wish a certain substitute to cover your class, please fill in their name:

5. Give a Brief Synopsis: _____

6. Cost (All Inclusive): _____

***Funding Source:** _____

Employee's Signature: _____ Date Submitted: _____

Principal's/Supervisor's Signature: _____ Date: _____

Asst. Superintendent's Approval: _____ Date: _____

***REQUIRED FIELDS**

FIELD TRIP PLAN

Organization: _____ Number of Students: _____

Mode of Transportation: _____ Transportation Company: _____

Transportation Cost: _____ Funding Source: _____

Date/Time of Departure: _____ Date/Time of Return: _____

Educational or Club Trip Objective: _____

Places to be Visited: _____

Overnight Arrangements: _____

Cafeteria Notification: _____ (Cafeteria Manager's Signature)

Principal Approval: _____

Superintendent's Approval: _____

Board Approval Date: _____