

D O R E
A C A D E M Y

FIELD TRIP APPROVAL FORM

Today's Date: _____

Teacher: _____

Grade(s): _____

Destination: _____

Date of Trip: _____

Time of Departure: _____

Expected Time of Arrival Back at School: _____

Transportation: Walk _____
 Car _____
 Bus _____

Cost: _____

Purpose of Field Trip: _____

Follow Up Learning Activities: _____

TRIP APPROVED: _____

Student: _____

Parent's Signature: _____

Are you available to drive? YES NO

How many seatbelted children can you carry? _____