

FIELD TRIP REQUEST

School:	Today's Date:
Teacher:	Grade/s:
To Where:	Date/s for Trip:
Purpose of Trip:	
Number of Students Attending:	Number of Chaperons:
Mode of Transportation:	<input type="checkbox"/> Driver insurance requirements have been met.

Type of Trip & Approval Process Required:

NOTE: All parents must be notified **one week** in advance for daytime field trips, and **two weeks** in advance for overnight field trips.

Permission slips signed by parents or legal guardians **must be obtained. No telephone** permission will be accepted.

		Principal	School Board	Conference Superintendent	MC Board of Education	NAD
<input type="checkbox"/>	One-day	X	(X) Small School			
<input type="checkbox"/>	Overnight within Conference	X	X			
<input type="checkbox"/>	Overnight out of Conference within NPUC (submit to MC 3 weeks prior to trip)	X	X	X		
<input type="checkbox"/>	Out of Union (submit to MC before October or April Board of Education)	X	X	X	X	
<input type="checkbox"/>	Out of Division (submit to MC Board of Education 6 months prior to trip)	X	X	X	X	X

Principal Approval:	Date _____	Principal's Signature _____
School Board Approval:	Date _____	Board Chair Signature _____
Conference Superintendent:	Date _____	Superintendent Signature _____
MC Board of Education:	Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
NAD Approval:	Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied