

**HARLETON ISD
FIELD TRIP REQUEST FORM**

Employee's Name: _____ Date: _____

Class or Organization Attending: _____

Location of Trip: _____

Purpose of the Trip: _____

Date Leaving: _____ Time Leaving: _____

Date Returning: _____ Time Returning: _____

Approximant Number of Students Attending: _____

Number of Chaperons: _____

Comments:

Principal's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____



Overnight or out of State Trips must have Board Approval

Board Approved: Yes _____ No _____ Date: _____