

SCOTT COUNTY CENTRAL HIGH SCHOOL REQUEST FOR FIELD TRIP

(Teacher Name)

(Date)

Trip Information (Name, Address, Phone Number)

Date of Trip _____ *Departure Time* _____

Location of Trip _____ *Return Time* _____

Method of Travel _____ *Number of Students* _____

Chaperone(s): _____

Teacher Signature

Administrator Signature

Received: _____

Approved _____

Disapproved _____

COMMENTS: _____

REMINDER: A final list of students attending the trip must be submitted to the principal at least one week prior to the trip date.