

# Field Trip Application

Date:	Time:	Group/Class Requesting:
Destination		
Cost/Funding		
Transportation	Number of Students:	Number of Buses Requested:
Explain how the trip pertains to Current Unit of Study		

Approved

Denied

Superintendent's Signature: \_\_\_\_\_

### IF APPROVED

- Fill out and copy the "Student Permission Slip" on the back of this request
- Fill out "Transportation Request" and have signed by the Principal; notify Harry
- Notify the cafeteria if necessary for sack lunches
- Leave with office: A copy of approved application, list of students NOT attending and a list of chaperones
- MAKE SURE DUTY IS COVERED

# Lexington Public Schools

## Field Trip Permission Form

Your child's class will be attending a field trip to: \_\_\_\_\_

Date:	Time:
Location:	
Cost:	
Transportation:	
Notes:	

Please return this permission slip by: \_\_\_\_\_

-----

I give permission for my child \_\_\_\_\_ Homeroom \_\_\_\_\_

To attend the field trip to: \_\_\_\_\_ on \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

In case of emergency, I give permission for my child to receive medical treatment.

In case of such an emergency, please contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_