

REMSEN CENTRAL SCHOOL DISTRICT
REMSEN, NEW YORK 13438
(315) 831-3797

FIELD TRIP REQUEST

**Request must be made at least four (4) weeks in advance of desired date

Funding

- District
 Other

DATE OF FIELD TRIP: _____

Destination: _____

Grade: _____ Teacher(s): _____

Departure Time: _____ Return Time: _____

Number of Students: _____ Name of Chaperone(s): _____

Type of transportation required and number of vehicles: _____

Purpose (please relate specifically to curriculum): _____

Substitute needed: Yes _____ No _____

Teacher's signature: _____ Date: _____

Approved by:

Building Principal Date

Transportation Supervisor Date

Administrator Date

**Please note: All field trip requests are subject to District approval.

cc: Mr. Lou D'Ambro, Business Admin.