

**INSTRUCTIONAL RESOURCES EFD
FIELD TRIPS (EXHIBIT B)**



THE DOSS SCHOOL
CONSOLIDATED COMMON SCHOOL DISTRICT

DOSS CCSD

FIELD TRIP ITINERARY

Date of Field Trip: _____

Departure Time/Place: _____

Return Time/Place: _____

Destination of Field Trip: _____

Purpose of Field Trip:

Special Instructions:

Sponsor(s)/Contact Information:

Name(s): _____

Email: _____ **Phone:** _____

For Office Use Only: Sponsor Must Attach a List of Students Taking Trip

Itinerary Approved: _____

Emailed Parents/Guardians : _____
