

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



THE DOSS SCHOOL
CONSOLIDATED COMMON SCHOOL DISTRICT

**DOSS CCSD
FIELD TRIP REQUEST**

Date of Field Trip: _____

Destination of Field Trip: _____

Instructional purpose of field trip and its relationship to the curriculum:

Teacher/Sponsor (and organization): _____

Number of Students: _____ **Number of Adults:** _____

Departure Time: _____ a.m. or p.m. (*circle one*)

Return Time: _____ a.m. or p.m. (*circle one*)

Transportation Requested: _____

Driver Requested: _____

Date of Request: _____

Signature of Requestor: _____

For Office Use Only:

Approved: _____ Disapproved: _____ Supervisor: _____