



Field Trip Planning and Approval Form

Classroom: _____ Staff: _____
Location: _____ Date of Trip: _____
Address: _____ Departure Time: _____
_____ Return Time: _____

(Please fill in completely)

Phone Number: _____

Will they accept Purchase Orders or Credit Card?: _____

Number attending: Adults: _____ Children: _____

Total Coast Adults: _____ Children: _____ Total: _____

Is transportation required?: _____

Total cost for transportation: _____

How does this field trip correlate with the skills, concepts and or themes that are being emphasized in the curriculum and within the classroom?

Additional comment or information:

Submitted by: _____ Date: _____
Teacher

Approved by: _____ Date: _____
Site Supervisor

Approved by: _____ Date: _____
Program Manager