



DuBOIS INTEGRITY ACADEMY
FIELD TRIP REQUEST FORM

Teacher(s): _____ Class: _____

Date of Request: _____ Date of Trip: _____

Destination: _____

Departure Time: _____ Return: _____ Cost: _____

Funding Source: _____

Means of Transportation: _____

No. of Staff: _____ No. of Chaperones: _____ No. of Scholars _____

Purpose of Trip: _____

Standard(s): _____

Learning Objectives: _____

Trip Approved: _____ Signature _____ Bus Approved: _____ Signature _____

Trip Disapproved: _____ Signature _____

The staff member in charge will have a COMPLETED PERMISSION SLIP INCLUDING EMERGENCY INFORMATION for each student on the field trip.

_____ Staff Member

_____ Staff Member Signature