

WHITEHALL CENTRAL SCHOOL DISTRICT
87 Buckley Road, Whitehall, NY 12887

FIELD TRIP REQUEST FORM

Name: _____ Date of trip: _____

Location: _____

Purpose: _____

Cost: _____

Is a nurse needed? Yes _____ No _____

Number of Students: _____ Number of Adults: _____

Do you need bag lunches? Yes _____ If so, how many? _____ No _____

Means of Transportation? _____ (i.e. bus, van, etc.)

IF YOU REQUIRE SCHOOL TRANSPORTATION, PLEASE CONTINUE BELOW:

Number of Buses/Vans (CIRCLE ONE): _____

Leave school: _____ Return to school: _____ Stops: _____

Equipment: _____

DRIVERS, IF INTERESTED SIGN BELOW (For Transportation Department Use):

APPROVED BY (SIGNATURES):

Faculty Member In Charge:	Date:
Building Principal:	Date:
Superintendent:	Date: