

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.)

Leave school: _____ Arrive back at school _____

Building Principal Signature: _____ Date: _____

Transportation Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Please fill out the transportation request attached as well.