

ASHTON-FRANKLIN CENTER C.U.S.D. #275
APPROVAL REQUEST FOR GROUP TRIP

Destination _____

Proposed Date of Trip _____

Time of Departure _____ Planned Time of Return _____

Class or Group _____ Number in Group/Class _____

Sponsoring Teacher _____

Names of Chaperones _____

Transportation Used and Driver(s) _____

Briefly describe this proposed field trip and state how this trip will enhance and augment our curriculum and provide desired learning experiences for students.

Pre-Planning Activities _____

Post-Planning Activities _____

Other Comments _____

Sponsoring Teacher

Building Principal

Superintendent

Date

Date

Date

Transportation Director

Date