

Boggetowne Middle School
Field Trip Request Form

Location of Event: _____

Address of Event: _____

Phone # _____ Proposed Event Date: _____

Time Departing: _____ Time Returning: _____

Mode of Transportation: _____

Total Cost: \$ _____ Cost per Student: \$ _____

Method of Payment: _____ Lead Teacher in charge: _____

Participating Faculty / Staff: _____

Are Parent Chaperones Needed? YES / NO

Approved

Denied

Reason of Denial: _____

Checklist prior to approval:

_____ Notify Carol for lunch count

_____ Notify affected teachers

_____ Attach copy of permission slip

_____ Placement for non-attendees

_____ Medical concerns of students addressed