

## DANVILLE PUBLIC SCHOOLS Field Trip Request

Pre-trip Approval Section: must be signed by all parties prior to making reservations.

Type of trip: \_\_\_\_\_ in-town \_\_\_\_\_ out-of-town

Destination: \_\_\_\_\_ Date(s) of trip: \_\_\_\_\_

Instructional purpose of trip (including SOLs addressed, if appropriate):  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number for emergencies: \_\_\_\_\_

Overnight accommodations \_\_\_\_\_ Yes \_\_\_\_\_ No (If "yes", give place, address, dates, telephone number)  
\_\_\_\_\_  
\_\_\_\_\_

Individual student cost of trip: \_\_\_\_\_

Number of students attending: \_\_\_\_\_

\_\_\_\_\_  
Signature of Teacher/Sponsor \_\_\_\_\_ Print Teacher Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal \_\_\_\_\_ School Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Assistant Superintendent for Instruction \_\_\_\_\_ Date \_\_\_\_\_

Reservation Section: to be completed after receiving proper approval.

Number and name of chaperones attending: (list relationship (i.e., teacher, parent, booster, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Transportation arrangements:

Transportation mode: \_\_\_\_\_ Transportation company: \_\_\_\_\_

Transportation cost: \$ \_\_\_\_\_ Funded by: \_\_\_\_\_

From Danville	Return to Danville Public Schools
Departure date/time:	Departure date/time:
Arrival at trip destination date/time:	Arrival in Danville date/time:

\_\_\_\_\_  
Signature of Teacher/Sponsor \_\_\_\_\_ Print Teacher Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal \_\_\_\_\_ School Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Assistant Superintendent for Instruction \_\_\_\_\_ Date \_\_\_\_\_