

Tri-Valley Central School

District Field Trip Request

(Must be submitted 8 weeks prior to trip)

Applicant's Name: _____

Applicant's Title: _____

Phone Number: _____ Cell Phone: _____

Date Submitted: _____ Trip Date: _____

Group Associated with Trip: _____

Number of Students on Trip: _____

Destination: _____

Purpose of Trip: (How does the trip relate to common core standards? Attach documents with request.)

Building Principal: _____ Date: _____

Cost per Student: _____

Transportation Cost: _____

Total Trip Cost: _____

Financial Resources: _____

Chaperones (Must be board approved): _____

Contracts (YES) or (NO): Unsigned contracts must be attached to this document.

Vendor: _____

Contact: _____

Telephone: _____

Address: _____

Are you asking for school property to be taken on the trip? If so, please identify the property below with serial number and bar code.

Description	Quantity	Serial No. / Barcode

Principal/Supervisor

Date

Asst. Supt., Business

Date

Superintendent

Date