

TEACHER(S): _____

TODAY'S DATE: _____ DATE(S) OF EVENT: _____

Check all boxes for the sections that apply to this request — Boxes are at the top LH corner of each section.



1. FIELD TRIP REQUEST

Grade(s): _____ Class/Group Size: _____

Destination: _____

Address/City: _____

Budget Request: _____

Fee to Parents: _____

TEK RATIONALE: _____

Method of Transportation (if BUS is needed, fill out section 2): _____

Time Perimeter of Event: _____

Departure Time: _____ Return Time: _____

PRINCIPAL APPROVAL: _____ DATE: _____

COMMENTS:



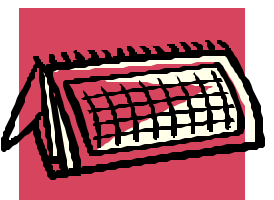
2. BUS REQUEST

Approved _____ Denied _____ Principal's Initials _____

Driver Assigned: _____

Do you have approval to drive (on Diocesan Insurance)?
YES _____ NO _____

Date added to Bus calendar: _____ Admin Asst: _____



3. OFFSITE CALENDAR REQUEST*

Contact Number (extension/cell): _____

Date added to Master / School Calendars: _____ BK: _____

* If a room reservation or campus facility request is needed for this event you must also fill out a FACILITIES USE REQUEST FORM to be approved by the Ministries Team.