

Date Submitted: _____

Kearny High Educational Complex

FIELD TRIP REQUEST SHEET

Teacher Name: _____ Phone # _____ Date of trip: _____

Class/Student Group: _____ Small School: DMD EID SCC SCT

Periods Affected (circle): 1 2 3 4 All Day

Reason for trip: _____

Destination (include address): _____

of Students: _____ #of Adults _____ # of Buses: _____

Pick-up Time from Kearny: _____ AM PM

Drop-off Time to Destination: _____ AM PM

Pick-up Time from Destination: _____ AM PM

Return Time to Kearny: _____ AM PM

Is this trip being reimbursed by an organization in any way (sub/bus)? _____

Approval:

Small School Administrator: _____ Date: _____

Office Use:

Budget Charge #: _____