

Keystone School District
Field Trip
Pre-Approval Request

The _____ is seeking
permission to plan a Field Trip _____
(destination)
on the following date(s): _____.

Number of Students making the Trip: _____

Methods of Transportation: _____ Number of Busses Needed: _____

Time of Departure: _____ Time of Return: _____

List All Staff Members and Other Adults who will make the Trip:

The Educational/Instructional Objective to be addressed is:

The State Standard to be met is:

The Trip Coordinator will be: _____

The Trip will be Financed by:

Note: A brief explanation is all that is necessary (Example—CATS Funds, Student Contribution and Budgeted Money).

A Tentative Itinerary Follows:

Submitted By:

Name

Date

Approved By:

School Nurse / Health Technician

Date

**Nurse Required for Field Trip

_____ Yes _____ No

Building Principal

Date

Superintendent

Date

Note: All overnight trips require Board approval. This form must be submitted within adequate time to be presented to the Board on the second and third Mondays of the month.

9/01

Revised: 10/08, 4/24

KATHI/FORMS/2024/FIELDTRIPS