



FIELD TRIP Request Form

Evangelical Christian Academy
(Turn in two weeks prior to trip to the Principal)

CLASS: _____ TEACHER: _____ GRADE(S): _____

TRIP DATE: _____ DEPARTURE TIME: _____ RETURN TIME: _____

OF STUDENTS: _____ COST PER STUDENT: _____ PER ADULT: _____

Is this a discounted price? Explain. _____

Destination & Educational Purpose of the trip: _____

Mode of Transportation: _____

Do you need a letter or document for admission? Yes _____ No _____

What information should be included in this letter or document? _____

Contact Person (if any): _____ Phone Number _____

Address _____

Are your classes covered that you will be missing?

Please list the class name(s) and period(s) below and who will be covering your classes.

All Teachers: Please put your trip on the test calendar. It will be initialed when it has been approved.

Name of Adult Chaperons:

Field Trip Procedures – Prior to departing please be sure to take note of the following guidelines: take a cell phone, emergency first aid kit, a yellow copy of the emergency information cards and the Emergency Medical Guidelines book. Make sure all drivers have submitted a copy of their Spanish driver's license and insurance. All students shorter than 135 cm must be in booster seats. All students (and the driver) must wear a seatbelt and the belt must be worn properly, not under the arm.

For office use only:

Trip approved _____

Admission Letter Given to Teacher

Substitute(s) Arranged _____

Posted and Initialed on Calendar