

SMYRNA SCHOOL DISTRICT
FIELD TRIP INFORMATION

Teacher's Name: _____ School: _____

Field Trip To: _____ Date of Trip: _____

Location/City: _____

Cost per person: \$ _____ Number of Teacher Chaperones Needed: _____

Number of Students Participating _____ Number of Substitutes Needed: _____

Number of Volunteer Chaperones Needed: _____

Transportation Cost: \$ _____ Total Cost: \$ _____

Arrangements for Payment: _____

Activity/Program(s) Scheduled:

Title(s) _____

Time(s) _____

Miscellaneous Information: _____

Lunch Arrangements: _____

Field Trip Arrangements Made By: _____ Date Confirmed: _____

Nurse: _____ Cafeteria Manager: _____

Approved by:

Principal: _____ Superintendent/Designee _____

Bus Information: _____

Bus Company: _____

Number of Buses: _____ School: _____ Coach: _____

Arrangements for Payment: _____

School Departure: _____ A.M. _____ P.M.

Departure Time From Trip: _____ A.M. _____ P.M.

Bus Arrangements Made By: _____ Date: _____

Confirmed By: _____ Date: _____

Cell Phone Requested: _____

(copy of this form to office and to all teachers going on trip)