

Trinity Junior High & High School

Field Trip Request Form

Teacher: _____

Date of Request: _____

Date of Trip: _____

AM PM Overnight*(Consent and Medical Liability Waiver Form must be completed)

Destination: _____

Planned time of departure: _____

Vehicle: School Personal Parents

Planned time of return: _____

Class: _____

(e.g. Physics, P.E. 8, Grade 10)

_____ Number of students

_____ Number of chaperones (6:1 ratio required)

Parent communication: _____

School communication: _____

Office communication: _____

Teacher Signature

Dean of Students Signature

Approval date: _____

**must be requested from and submitted to Dean of Students (2) days prior to day of trip*