



Great Falls Public Schools  
**FIELD TRIP REQUEST FORM**

Teacher: \_\_\_\_\_ School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Subject Area: \_\_\_\_\_

Description of Field experience:

How it relates to curriculum:

Number of Students: \_\_\_\_\_ Parental Consent: Yes No

Departure time: \_\_\_\_\_ Return time: \_\_\_\_\_

Staff/Chaperone 1<sup>st</sup> Aid Certification: Yes No

Resources Needed: \_\_\_\_\_

Substitutes: \_\_\_\_\_

Half day: Full day:

- Individual teachers must request substitutes with the Sub Clerk at ext. 6014.

Fees/Costs: \_\_\_\_\_

Bus Charter Form: \_\_\_\_\_

- Please submit within 5 days of field trip.

Fund Code/Activity Account: \_\_\_\_\_

Principal Approval: \_\_\_\_\_

Executive Director: \_\_\_\_\_

*NOTE: All Field Trips must have prior approval from building principal and the Executive Director before Bus Charters will be ordered.*