



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 1st Aid Certification: Yes No

Resources Needed: _____

Substitutes: _____

Half day: Full day:

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

Fees/Costs: _____

Bus Charter Form: _____

- Please submit within 5 days of field trip.

Fund Code/Activity Account: _____

Principal Approval: _____

Assistant Superintendent: _____

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