

St. Bede School: Field Trip Request

Please complete this form **for all field trip requests**. Submit form to the office by September 30, 2017. Use multiple sheets if necessary!

Teacher: _____ **Date:** _____

Destination #1 : _____

Date of trip: _____ **Number of students:** _____

Departure time: _____ **Return time:** _____

Classes involved: _____

TRANSPORTATION:

- We are requesting to travel by school bus.
- We will need ____ bus(es).

ESTMATED COST:

- Transportation expense: _____
 - Cost for field trip: _____
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Destination #2: _____

Date of trip: _____ **Number of students:** _____

Departure time: _____ **Return time:** _____

Classes involved: _____

TRANSPORTATION:

- We are requesting to travel by school bus.
- We will need ____ bus(es).

ESTMATED COST:

- Transportation expense: _____
 - Cost for field trip: _____
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TOTAL AMOUNT REQUESTED: _____