Sandy Creek Central School District
Middle/High School Field Trip Request

*To be submitted to Building Administrator at least two weeks in advance*

Date of Submission: _____________________  Date of Trip: __________________

Name of Teacher: __________________________

Number of Participants on the trip: __________________________

Location/Purpose of Trip: __________________________

Approximately Mileage: __________________

Names of Chaperones: __________________________

Number of Buses needed: __________

Funding Source: __________________________

Checklist:
✓ Notify Parents: ______
✓ Permission Slips: ______
✓ Bus Request: ______
✓ Notify HS Office: ______ (Is substitute required)
✓ Notify Attendance: ______ (list of students attending)
✓ Notify Cafeteria: ______ (# of students attending)
✓ Notify Nurse ______
✓ Notify J. Hobbs if Arts ’n Ed Funding Source

9/08