



FIELD/SCHOOL TRIP ITINERARY

School _____ **Activity** _____
Dates of Activity _____
Field Trip Supervisor _____
Contact Phone Numbers _____

Sponsor/Teacher/Chaperone Names _____

Destination _____
Field/School Trip Goals _____

Departure Location _____
Departure Date _____ **Departure Airline** _____
Departure Time _____ **Departure Flight #** _____

Completed Students/Teachers/Sponsors/Chaperones Travel List is attached Yes No

Hotel(s) _____ **Phone Numbers** _____

Ground Transportation _____

Return Location _____
Return Date _____ **Return Airline** _____
Return Time _____ **Return Flight #** _____

Notes/Additional Items _____

Approved by _____ **and** _____
Sponsor Signature (indicates eligibility of students) Principal/Designee Signature

The Superintendent/Designee will review each request for cost effectiveness and compliance with Board Policy.