

ARMONA UNION ELEMENTARY SCHOOL DISTRICT

REQUEST FOR FIELD TRIP

Date Submitted _____

School _____ **Teacher (s)** _____ **Grade** _____

Date of Trip _____ **Destination** _____

Departure Time _____ **Return Time** _____

Total number of Students _____ **Adults** _____

How does the proposed field trip correlate and complement current classroom activities?

Cafeteria Information

Adult Breakfast How many? _____ **Student Breakfast** How many? _____

Adult Milk How many? _____

Adult Lunches How many? _____ **Student Lunches** How many? _____

Adult Milk How many? _____ **Student Milk** How many? _____

Transportation Costs

_____ miles X \$ _____ per mile = \$ _____

Funding Information

This field trip will be funded by:

Teacher Signature

Principal

When done click the button below

Superintendent