

SHAMOKIN AREA SCHOOL DISTRICT
CLASS FIELD TRIP REQUEST FORM

(Please complete both halves of form. The bottom will be returned to you for your records.)

TEACHER/ADVISOR: _____ DATE OF REQUEST: _____

BUILDING: _____ GRADE: _____

CLASS/ORGANIZATION: _____

NUMBER OF STUDENTS ATTENDING: _____

DESTINATION: _____

DATE(S) OF TRIP: _____ LENGTH OF TRIP: _____

SUBSTITUTE NEEDED? _____ DATES NEEDED: _____

PRINCIPAL/SUPERVISOR APPROVAL: _____ DATE: _____

SUPERINTENDENT APPROVAL: _____ DATE: _____

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