

EAST AMWELL TOWNSHIP SCHOOL

Ringoes, NJ 08551

REQUEST FOR SCHOOL FIELD TRIP

Date Submitted: _____

(One copy to be completed and submitted to Principal)

Destination _____

Address _____
(Street) (City) (State)

DATE OF TRIP _____ **Grade/Organization** _____

Signature of Responsible Teacher _____

Names of other teachers making the trip _____

Approximate cost per child (If any) _____

General Itinerary – Main stops and places to be visited: _____

How is the trip related to your class work? _____

Was a similar trip taken last year ? _____

PICK-UP LOCATION: East Amwell Township School **TELEPHONE #:** 908-782-6464 Ext. 211

PICK-UP TIME: _____

NUMBER OF STUDENTS: _____

ARRIVAL TIME: _____

NUMBER OF ADULTS: _____

LEAVE TIME: _____

RETURN TIME: _____

SPECIAL NEEDS/INSTRUCTIONS (Wheel Chair/Car Seat Needs, Etc) _____

Principal's Preliminary Approval: Signature: _____ Date: _____

Superintendent's Final Approval: Signature: _____ Date: _____

Approved and Booked by Transportation Dept: Date: _____ Signature: _____

Estimated Cost of Field Trip: _____ Anticipated Number of Buses Assigned: _____

Received by Human Resources: Date: _____ Signature: _____

