

Howell Mountain School District Field Trip Authorization Request

NOTE: this form in duplicate must be submitted at least twenty (20) school-calendar days prior to the date of the proposed trip.

Teacher(s) in Charge/Submitting Request: _____
 _____ Cell Phone # _____ Date: _____

Date(s) of Proposed Trip: _____ Method of Transportation: _____

Educational Objectives of Proposed Trip:

Content Area	Standard #	Evidence That Will Show the Standard Was Met

ITINERARY DETAILS:

Time of Departure: _____ Distance to be traveled one way: _____

Destination	Estimated Time of Arrival	Estimated Time of Departure	Contact Phone Number
1. _____			
2. _____			
3. _____			

_____ Check if additional itinerary information is attached.

Time of Return to School: _____

Students participating _____ Cost to Student (list cost detail): _____

NO FEES MAY BE CHARGED FOR ACTIVITIES TAKING PLACE DURING SCHOOL HOURS.

Drivers/Chaperones: _____ Check if list is attached to this form.

Name _____ Cell Phone # _____
 Name _____ Cell Phone # _____
 Name _____ Cell Phone # _____

PRINCIPAL'S APPROVAL

Released Time _____ Required _____ No. of Class Periods _____
 _____ Not Required _____ or total school days _____

_____ Approved _____ Disapproved _____
 _____ Signature _____ Date _____

White: Teacher

Yellow: Principal