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:

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<tr>
<th>Content Area</th>
<th>Standard #</th>
<th>Evidence That Will Show the Standard Was Met</th>
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ITINERARY DETAILS:
Time of Departure: ________________ Distance to be traveled one way: ________________

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<tr>
<th>Destination</th>
<th>Estimated Time of Arrival</th>
<th>Estimated Time of Departure</th>
<th>Contact Phone Number</th>
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____ 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

5/02