

Field Trip Request

South Williamsport Area School District
515 West Central Avenue
South Williamsport, PA 17702



Teacher: _____

Building: _____

Grade/Club: _____

Date of Application: _____

General Information

Place to be Visited: _____

Date of Visitation: _____

Number of Students: _____

Number of Faculty: _____

Additional Chaperones: _____

Fees

Admission Fees: _____

Funding Source for Admission: _____

Funding Source for Transportation: _____

Transportation

Transportation Needs:

- School Bus(s)
- Accessible Bus with Lift
- School Van
- Charter Bus(s)
- None Required

Departure Time: _____

Time Leaving Destination: _____

Explain how this trip is related to specific course objectives or will enhance other learning outcomes: _____

Additional Information if Needed: _____

Please provide a student roster for all field trips for the nurse to review any medical needs.

Substitute Coverage

Number of Subs Needed: _____

Duration of Coverage Needed: _____

Is this an out of state trip?

- Yes
- No

Is this an overnight trip?

- Yes
- No

Approval / Signatures Required / Date:

Nurse: _____

Principal: _____

Superintendent: _____

School Board Approval is required for all overnight and /or out of state field trips.