



500 Van Emburgh Avenue
Township of Washington, New Jersey 07676

(201) 445-6800
Fax: (201) 445-7416

Request for Field Trip

Name of Teacher/Moderator(s):				
Today's Date:		Date of Proposed Trip:		
Departure Time from IHA:		Return time to IHA:		
Destination:		Cost of Tickets:		
Address:		Phone:		
Number of students involved by grade:		9 th	10 th	11 th
How many chaperones will be needed? (Plan for 1 chaperone for each 15 students) <i>Once approved, provide the chaperone list with phone numbers to the Assistant Principal – Students.</i>				
Reason for Trip (check one and explain below):		<input type="checkbox"/> Social	<input type="checkbox"/> Academic	<input type="checkbox"/> Spiritual
				<input type="checkbox"/> Cultural
Mode of Transportation:		Cost of Transportation:		
If any students are driving, please provide details here.				
Approval				
Attach a list of students with the permission slip and submit both with this form to the Assistant Principal – Student at least 2 weeks before the proposed trip.				
<ol style="list-style-type: none"> 1. The Assistant Principal – Students will review the list of students to ensure that they are all eligible to attend the trip. 2. The School Nurse will check the list of students for any medical issues. 3. The Assistant Principal – Administration will ensure that the proposed date is ok and adequate coverage is available. 4. The Principal will give final approval. 				
	Approved/Date	Denied/Date	Comments	
Assistant Principal-Students				
School Nurse				
Assistant Principal - Administration				
Principal				
Business Office	Date Transportation Ordered	Cost of Transportation	Comments	