

## Parish/School Administrator Permission Form

Field Trip Organizer: \_\_\_\_\_ Class: \_\_\_\_\_

# Students Attending: \_\_\_\_\_ # Chaperones: \_\_\_\_\_ (How many staff: \_\_\_\_\_; volunteers \_\_\_\_\_)

# Chaperones Certified CPR/First Aid: \_\_\_\_\_ Adult/Student Ratio: \_\_\_\_\_

Destination: \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_

Distance RT: \_\_\_\_\_ Date/Time of Departure: \_\_\_\_\_ Departure Location: \_\_\_\_\_

Date/Time of Return: \_\_\_\_\_ Return Location: \_\_\_\_\_

### Methods of Transportation

<b>DAY TRIP:</b> ___ Bus: _____ ___ Public Transportation ___ Walking ___ Other: _____	<b>OVERNIGHT/INTERNATIONAL:</b> ___ Bus: _____ ___ Airline: _____ (cities of departure/arrival) ___ Train: _____ (cities of departure/arrival) ___ Other: _____
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Purpose of Trip:
How This Relates to the Curriculum:
Follow-up Activities Planned:

Total Cost of Trip: \_\_\_\_\_ Cost per student: \_\_\_\_\_ Method of Financing Adults: \_\_\_\_\_

### STAFF GOING ON TRIP:

Name:	Name:
Name:	Name:

### OTHER CHAPERONES/AFFILIATION:

Name:	Name:
Name:	Name:

Approvals	Date	Approvals	Date
Submitted by:		Principal/Pastor:	