

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

DAY TRIP: ___ Bus: _____ ___ Public Transportation ___ Walking ___ Other: _____	OVERNIGHT/INTERNATIONAL: ___ 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:	