

## 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: \_\_\_\_\_

### METHOD OF TRANSPORTATION

#### DAY TRIP:

\_\_\_ Bus: \_\_\_\_\_

\_\_\_ Public Transportation: \_\_\_\_\_

\_\_\_ Walking: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

#### OVERNIGHT/INTERNATIONAL:

\_\_\_ Bus: \_\_\_\_\_

\_\_\_ Airline (include cities of departure/arrival): \_\_\_\_\_

\_\_\_ Train (include cities of departure/arrival): \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

Purpose of Trip:          
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How This Relates to the Curriculum:
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Follow-up Activities Planned:
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Total Cost of Trip: \_\_\_\_\_ Cost per student: \_\_\_\_\_

Method of Financing Adults: \_\_\_\_\_

**STAFF GOING ON TRIP:**

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

**OTHER CHAPERONES/AFFILIATION:**

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

Approvals	Date	Approvals	Date
Submitted by:		Principal/Pastor:	