

REQUEST FOR OFF CAMPUS TRIP

1. Date(s) of trip: _____

2. Time Leaving: _____ Time Returning: _____

3. Group Participating: _____

4. Number of students participating : _____

5. Purpose of trip: _____

Teacher Requesting Trip: _____

Date of Request: _____

Approved: _____ **Not Approved:** _____

Principal's Signature: _____

Remarks: _____

