

Minford Local School District
Educational Field Trip Request

FORM MUST BE TURNED IN TO CENTRAL OFFICE TWO (2) WEEKS PRIOR TO DATE OF TRIP

Person(s) requesting Field Trip: _____

Grade(s)/Class (es) going: _____

Total # of students: _____ Total # of Teachers/Advisors: _____ Estimated miles: _____

Date of Trip: _____ Departure time: _____ Return time: _____ Cost paid from: _____

Trip destination (include address): _____

Designated meal stops: _____

Lesson plan: _____

Educational objectives to be accomplished: _____

How will students' knowledge gained from the field trip be measured? (Example: test, report, drawings, etc.)

Signature of person requesting trip Date

Principal Date

Superintendent Date