

Minford Local School District

School Group Trip Request Form

Person Requesting Trip: _____

Group(s) going on trip: _____

Number of Students: _____ Number of Adults: _____

Date of Trip: _____

Departure Time: _____ Return Time: _____

Trip Destination: _____

Designated Meal Stop: _____

Cost of Trip Paid from: _____

Signature of Requester: _____ Date: _____

Principal Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____

****Trips should be submitted to the district office for approval at least two weeks before the requested date.***