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: _____

Meal Plan for Trip (Check One):

____Meal Stop—Location: _____

____ Sack Lunch- If needed from cafeteria, provide a count to Carrie Caudill ASAP

____ No Meal Plan Needed (Students will eat lunch before/after trip)

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.