



## School City of Mishawaka Field/Study Trip Request

**PLEASE USE THIS FORM IF YOU DO NOT NEED AN SCM BUS**

**Sponsoring Teacher(s)** – Submit the *completed* form to your principal.

**Principal** – Review form, sign and send a copy to Ann Petit.

Name of School \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Sponsoring Teacher(s) \_\_\_\_\_ Grade \_\_\_\_\_

Destination \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of Excursion \_\_\_\_\_ Leaving Time \_\_\_\_\_ Return Time \_\_\_\_\_

How is the trip being financed? \_\_\_\_\_

Are you taking chaperones? Yes \_\_\_ No \_\_\_ If so, all chaperones need to have an approved background check on file and a list of those attending must be attached to this form and kept in the school office.

**Staff member in charge of the trip must make sure that:**

All Students have a signed permission slip or written consent.

A copy of each student's Emergency Medical Authorization Form and;

Search and Seizure Guideline 5771 should be in your possession on the trip.

Purpose of field/study trip, and intended educational objectives:

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**Walking** \_\_\_ **Charter Bus** \_\_\_ **Other** (Please Specify) \_\_\_\_\_

*Sponsoring teacher(s) are responsible for adequate supervision for students while on trip.*

Teacher(s) Signatures \_\_\_\_\_

Principal's Signature of Approval \_\_\_\_\_