

FIELD TRIP AUTHORIZATION FORM

(Classroom Teachers/CFAs complete and submit to Education Manager
And Transportation Manager at least 2 weeks prior to planned field trip)

Date of Field Trip: _____ Departure Time: _____

Classroom: _____ Time of Return: _____

of Children projected to attend _____ # of Adults projected to ride bus _____

Destination: _____

How does this relate to the classroom theme? _____

What is the intended outcome/goal of this field trip? _____

Vehicles(s) planned for: _____

Reasons: _____

- Team Leader has been consulted
- Copy to Education Manager
- Copy to Transportation Manager

CFA/Teacher's Signature: _____ Classroom: _____

(Education Managers: Review, Approve – or decline, Comment as needed and return to
classroom staff as soon as possible)

Classroom _____ Field Trip to: _____

_____ On (date): _____

Authorized by: _____, Education Manager

_____, Transportation Manager

Comments: _____