



Brownsville Area School District

Request for Educational Field Trip

Group: _____

Sponsor: _____

Destination: _____

Date of Trip: _____

Transportation required: YES / NO Number of Students: _____

Paid for by School District: YES / NO Number of Busses:

School: _____ Time Leaving: _____ Program Start Time: _____

Program End Time: _____ Time Returning: _____ Return to School: _____

Purpose: _____

Chaperones: _____

Comments: _____

Sponsor (Signature): _____

Sponsors are required to submit a follow-up report detailing the activities of the field trip.

Will you be requesting bag lunches? YES / NO

If yes, Cafeteria needs One Weeks

Approved: _____

Not Approved: _____

Principal's Signature: _____

Approved: _____

Not Approved: _____

Business Manager's Signature: _____

Approved: _____

Not Approved: _____

Superintendent's Signature: _____

***Teachers/Sponsor must return at the times scheduled above**

***No other stops will be permitted unless scheduled with the request.**

***Teacher/Sponsors do not direct routes to be taken to destination or return trip home**