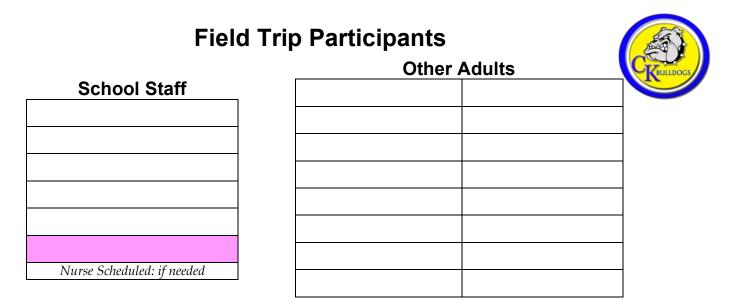
Claysburg Kimmel School District

Request for Field Trip Approval



This form should be submitted to the Central Office two 45 Days prior to date of the trip

Date Received in Superintendent's Office:	Date Approved:		
School:	Trip Date:		
Grade(s)/Group/Organization Involved:			
Number of Students:	Number of Adults: (list participants on back of form)		
Destination:			
Nurse Needed: Yes or No Signature of Nurse:			
Nurse(s) Available: 1.	2. 3.		
Nurse Scheduled: Yes or No			
Name of Nurse Signature of Ad	dmin:		
Transportation By:			
Requesting Teacher:	Phone #:		
Departure Date:	Departure Time: A.M. / P.M.		
Return Date:	Return Time: A.M. / P.M.		
Description of trip: (Itinerary MUST be attached when submitting this form)			
Signature for Teacher/Supervisor: Date	 Responsibilities of the Teacher(s): Complete Field Trip Form and Submit to Building Principal Obtain parent permission slips for the student prior to the trip. Submit a request for a substitute in AESOP, if one is needed. ALL STUDENTS MUST BE CHAPERONED AT ALL TIMES. 		
Signature for Principal: Date	Responsibility of Building Principal 1. Consult with Nurse to determine need and availability 2. Schedule Building Nurse or Contracting Company and document		
Signature for Superintendent/Designee: Date	Responsibility of Nurse – provide all medical information to covering nurse		



Students (if entire class, list "3rd Grade Class")

01440	TIS (II entire class, list 3" Grade	