

PHILIPSBURG-OSCEOLA AREA SCHOOL DISTRICT

(Type or print)

Field Trip Form

SCHOOL _____

GRADE(S) _____ **NUMBER OF RIDERS INVOLVED IN TRIP** _____

PLACE(S) _____

DATE(S) _____

DEPARTURE TIME _____ **TIME RETURNING TO SCHOOL** _____

- Are you calling for your own transportation? **YES** or **NO (circle one)**
- If no, the transportation request form (1/2 sheet) must accompany this form when submitting.
- If yes, please send only this form.

DESCRIBE CURRICULUM CONNECTION OF TRIP:

COST TO DISTRICT _____

DISTRICT CHAPERONE(S) _____

Transportation request form must also be filled out along with this form if this is a District funded or Student Activity trip.

Teacher(s) Name(s) Date

Principal's Initials Date Building Nurse Initials Date

Superintendent's Initials Date

cc: Original/Teacher
Administration Office
Principal
Transportation