

BISHOP T. K. GORMAN CATHOLIC SCHOOL

Field Trip Request

Teacher: _____

Today's Date: _____

Class/Organization: _____

Date of Trip: _____

Destination: _____

Faculty chaperones: _____

Return Date: _____

Departure Date: _____

Departure Time: _____

Trip Attire: _____

Estimated Return Time: _____

Purpose of the Trip: _____

Is this an overnight trip? YES / NO (Circle one)

Transportation needed:

School bus (CAP 42)
Driver for bus _____
Faculty Chaperone for bus _____

School van (CAP 9)
Driver for van _____

School minibus (CAP 14)
Driver for minibus _____

School truck (CAP 2)
Driver for truck _____

School minibus (CAP 14)
Driver for minibus _____

School SUB. (CAP 6)
Driver for SUB. _____

School Van (CAP 9)
Driver for van _____

Teacher's signature _____

Principal's approval signature _____

Director of Discipline (signature required regarding trip attire) _____

Director of Student Services (signature req. for curricular field trips) _____

Director of Athletics (signature req. for athletic competition) _____

Director of Transportation (signature req. for school transportation) _____

Names of students attending (attached)

A copy of this completed form must be submitted to Mr. Wallace and Mrs. Woods.
This form must be complete with all signatures at least 72 hours prior to departure.
Copy of all students attending this field trip **must** be attached to this form
Original should be submitted to the Director of Student Services.