West Central CUSD #235 Field Trip Request

Teachers/Sponsors: _____

_____ and the _____
(Class or Organization)

requests permission for a field trip to (place and town)_____

_____

Date of Trip: _____ How many Buses Required: _____

Number of Students: _____ Names of Adult Supervisors Attending: _____

_____

Departure Time: _____ Return Time: _____

Estimated Pupil Cost: _____ Substitute Needed: Yes_____ No_____

List the educational objectives and expectations of this trip: _____

_____

_____

_____

_____ _____
(Today's Date) (Teacher's or Sponsor's Signature)

_____ _____
(Date) (Principal's Signature)

_____ _____
(Date) (Superintendent's Signature)

****

Any changes, please call the SUPERINTENDENT'S OFFICE IMMEDIATELY, leave a message with someone in that office. If you need a sub for your classroom be sure to follow the procedure. Completing this form doesn't mean you have coverage.

Revised: April 2026