



ELIZABETH FORWARD School District

401 Rock Run Road, Elizabeth, PA 15037

Michael A. Latusek, Superintendent

Phone: 412.896.2300

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REQUEST FOR EDUCATIONAL FIELD TRIPS/SCHOOL ACTIVITY

(Request must be made at least 2 weeks before proposed trip/activity - Please print)

Building/Grade Level _____ Requested by _____

Today's Date _____ Requested Date _____

Location _____

Purpose of trip/activity _____

Number of Students _____ Accompanied by _____

Total Admission Charged Requested \$ _____ Per Attendee Charge \$ _____

Funding Source(s):

1. _____ Parent/Student 2. _____ School Activity Fund 3. _____ PTA/PTO

Mode of Transportation _____

Departure Time From School _____ *Return Time _____

*Field trips/activities using school buses must return in time for buses to be available for regular student dismissal.

Objectives of trip/activity and how it relates to the curriculum: _____

Pre-trip/activity learning activities: _____

Post-trip/activity learning activities: _____

_____ APPROVED

_____ DENIED

Building Administrator Signature

Date

Complete the above information, obtain an Administrative signature, make a copy for yourself and forward the original form to the District Office. Once this is approved, please enter your information to Aesop.

_____ APPROVED

_____ DENIED

Director of Curriculum Signature

Date

1. A consent or permission form signed by a parent/guardian must be on file with the district before the trip/activity.
2. If transportation is needed, a "Transportation Request" form must be submitted.
3. Please consult with the school nurse regarding students with medical needs.