

Ellis School, Fremont, NH
Educational Field Trip Request

This form is to be issued no less than three weeks prior to the activity by the teacher in charge (TIC) of the field trip, signed by the **PRINCIPAL and NURSE**.
The office will set up the transportation.

Teacher In Charge _____ GRADE: _____

Date of Activity: _____ Monday, Tuesday, Wednesday, Thursday, Friday. (Circle one)

Rain / Snow Date: _____

Destination (If more than one destination, please indicate the order in that you intend to arrive at these points.)

Full Address _____

Time of Departure from School: _____ Est. Time of Return to School: _____
(Need to be at destination for an appointed time of: _____)

TRANSPORTATION: Number of buses _____ School Bus only holds 51 people max.

CHAPERONES: _____

REMARKS: _____

To be completed by Teacher In Charge (TIC): Must be complete or form will be returned to you.

Est. # Students Attending: _____ Admission: \$ _____

Est. # of scholarships needed _____ Total Amount of Scholarship needed \$ _____

Est. # Adults (teachers & chaperones) Attending: _____ Est. Cost / Student: \$ _____

Signature of Teacher In Charge _____

Approval: You **MUST** have **TWO** signatures below.....

YES NO _____
Signature of NURSE

Date

Does the NURSE need to attend this Field Trip? _____ Yes _____ No

YES NO _____
Signature of PRINCIPAL

Date