Hillsboro City School District **FIELD TRIP REQUEST** **Revised 11/1/2013**

39 Willettsville Pike, Hillsboro, OH 45133
Phone (937) 393-3475
Fax (937) 393-5841

ALL requests must be approved **TWO weeks** in advance of trip date. Roster of students attending must be attached.

BUILDING

HIGH SCHOOL _____ (9-12)
MIDDLE SCHOOL _____ (6-8)
INTERMEDIATE _____ (4-5)
PRIMARY _____ (2-3)
EARLY CHILDHOOD_____ (Pre-K-1)
FRS Connections _____
CHRISTIAN SCH _____
ST. MARY'S _____

DATE OF REQUEST _____ DATE OF TRIP _____

DESTINATION_____

Departure Time _____ Return Time _____

Number of Students _____ Number of Adults _____

ORGANIZATION/GROUP _____
Example: FFA, Band, 1ST Grade

STAFF MEMBER MAKING REQUEST _____

Will students be off school grounds during lunch? **YES** _____ **NO** _____

Will students/teachers need box lunches? **YES** _____ **NO** _____

Will there be a meal stop? **YES** _____ **NO** _____

Will substitute teacher(s) be needed? **YES** _____ **NO** _____

Will a BUS be needed? **YES** _____ **NO** _____

Will a VAN be needed (accompany 7 or less)? **YES** _____ **NO** _____

Location of meal off school grounds? _____

Teachers/Parents/Chaperones Attending _____

_____

How will this trip relate to your Course of Study?_____

_____

_____

Transportation Supervisor_____ Date _____
Principal_____ Date _____
Superintendent_____ Date _____