

Bible Center School

REQUEST FOR FIELD TRIP

Please submit this request at least **30 Days** in advance to insure calendar time and van requests.

Teacher Name(s): _____

Class/classes involved:

Total # of students: _____

Destination: _____
Location: _____

Date of Field Trip: _____

Is there a cost to field trip? _____ What is the cost? _____

Times: (Leave BCS) _____ (Return to BCS) _____

What is the purpose of this trip? How will it benefit the student?

Names of chaperones: _____

of Vans needed: _____

Van Drivers: _____

What classes will students be missing? _____ PE _____ Music
_____ Computer _____ Art

If you will not be at school for lunch (or will be late), what arrangements have you made for students to eat?

Dress Required: Normal Uniform _____ Amended: _____

Date form submitted: _____

_____ Request Granted _____ Request Denied _____

Administrator Signature: _____

VANS: _____

Vans requested: _____ Billing info submitted: _____

Request to cancel Lunches: _____ Date Students Billed: _____