



Field Trip Request Form*

***Note: only 1 field trip per quarter unless otherwise approved by your Supervisor and/or Director**

TEACHER(S): _____

PHONE NUMBER: _____

E-MAIL: _____

DISTRICT/BUILDING: _____

EXCEPTIONALITY: _____

DATE OF TRIP: _____

Time of Departure: _____

Nurse Required: YES NO

Time of Return to School: _____

Student Name: _____

DESTINATION: _____

(* Within Luzerne County, unless previously approved by your Supervisor and/or Director)

PURPOSE:

LIST OF CHAPERONES: _____

TYPE OF TRANSPORTATION:

Intermediate Unit transportation requested: YES NO

If yes, number of students in wheelchairs: _____

Total number of students attending: _____

If no, indicate type of transportation to be used: _____

RECOMMENDED FOR APPROVAL:

All requests should be submitted to Laura Johnson,
ljohnson@liu18.org at least two weeks prior to the date of event

Supervisor, Special Education: _____ Date: _____

Director, Special Education: _____ Date: _____

Operational Services Director: _____ Date: _____

