

# FIELD TRIP AUTHORIZATION FORM

(Classroom Teachers/CFAs complete and submit to Ed Manager  
And Transportation Manager at least 2 weeks prior to planned field trip)

Date of Field Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Classroom: \_\_\_\_\_ Time of Return: \_\_\_\_\_

# of Children projected to attend \_\_\_\_\_ # of Adults projected to ride bus \_\_\_\_\_

Destination: \_\_\_\_\_

How does this relate to the classroom theme? \_\_\_\_\_

What is the intended outcome/goal of this field trip? \_\_\_\_\_

Vehicles(s) planned for: \_\_\_\_\_

Reasons: \_\_\_\_\_

- Team Leader has been consulted
- Copy to Education Manager
- Copy to Transportation Manager

CFA/Teacher's Signature: \_\_\_\_\_ Classroom: \_\_\_\_\_

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(Education Managers: Review, Approve – or decline, Comment as needed and return to  
classroom staff as soon as possible)

Classroom \_\_\_\_\_ Field Trip to: \_\_\_\_\_

\_\_\_\_\_ On (date): \_\_\_\_\_

Authorized by: \_\_\_\_\_, Ed Manager

\_\_\_\_\_, Transportation Manager

Comments: \_\_\_\_\_