

South Holland School District 151
Request for Educational Field Trip

Requisition #: _____

School: _____

Teacher(s) _____

Date of Trip: _____

Grade: _____

Groups/Activities Attending: _____

Departure Time: _____ Time of Arrival: _____ Return Time: _____

Name and Full Address of Place(s) to Visit: _____

Purpose of Trip: _____

Core/Academic: _____

Encore: _____

Total Miles from Coolidge **TO** Destination: _____

Person(s) in Charge: _____

Number of Students Attending: _____

Number of Adults Attending: _____

Number of Buses Needed: _____

Cost Per Student: _____

Cost Per Adult: _____

****Parents must be informed of all details, and a copy of the field trip permission slip must be placed on file in the office.***

Date Submitted: _____

Teacher's Signature: _____

Date Approved: _____

Principal's Signature: _____

Bus Ordering Information

Date Ordered: _____

Number Ordered: _____

Contact Person: _____