

**Telluride R-1 School District
Field Trip Request Form**

Teacher: _____ Date of Request: _____

Date of Proposed Field Trip: _____

Destination: _____

Time of departure from school: _____

Time of arrival back at school: _____

Number of students going on this trip: _____

Bus transportation needed: _____ Yes _____ No

Designated bus driver(s): _____

Substitute teacher needed: _____ Yes _____ No

Names of additional sponsors: _____

Please write a brief description of the activities to be conducted including a rationale of how the trip relates to a current topic of study in your class.

Principal's Signature

Approval Date

Bus Driver: Please indicate mileage below

Beginning: _____

Returning: _____

Bus Driver Signature _____

PLEASE GIVE A COPY OF THIS TO THE PRINCIPAL. THANK YOU!