



EXETER HIGH SCHOOL REQUEST FOR A FIELD TRIP



TEACHERS NAME: _____ TODAY'S DATE: _____

DEPARTMENT: _____ GROUP NAME: _____

NAME OF DESTINATION: _____

CITY/STATE OF DESTINATION: _____

DAY & DATE OF EVENT: _____

DEPARTURE TIME: _____ AM/PM RETURNING _____ AM/PM

NUMBER OF STUDENTS: _____

TEACHERS/CHAPERONES ARE: _____

CPR CERTIFIED CHAPERONE'S NAME: _____

DESCRIPTION OF EVENT: _____

All parental permission forms have been submitted.

1. All approval signatures must be obtained **TWO WEEKS PRIOR** to the date of the event.
2. A complete student list must be submitted to the Main Office if the trip is approved.
3. If your trip requires bus service, a Transportation Request form must be completed and faxed to First Student. A copy of the approved form must be submitted to the EHS Main Office.
4. All monies must be collected from students and deposited in the EHS Main Office **TWO WEEKS PRIOR** to the trip departure.

TEACHERS SIGNATURE _____ DATE: _____

ASST. PRINCIPAL'S SIGNATURE _____ DATE: _____

NURSES SIGNATURE _____ DATE: _____

PRINCIPAL'S SIGNATURE _____ DATE: _____