## Waverly Community Schools Field Trip Request Form

| Name of School                                   | hool Date of Request            |                  |
|--|---------------------------------|------------------|
| Date of Trip                                     | Destination                     |                  |
|  | (address)  Grade Time Period(s) |                  |
| Course/Activity                                  | Account #                       |                  |
| Number of Students                               | Number of Chaperones            | Number of Busses |
| Time of Departure from Your School Time of Event |                                 | ime of Event     |
| Time of Return to Your School                    |                                 |                  |
| Waverly Pick Up Point                            | Waverly Drop Off Point          |                  |
| Reason for Field Trip                            |                                 |                  |
| Special Information                              |                                 |                  |
| Is a special lift bus required?                  |                                 |                  |
| Secretaries/Medication                           |                                 |                  |
|  |                                 |                  |
| Principal Approval                               | (signature)                     | Date             |
| Transportation Approval                          |                                 | Date             |
|  | (signature)                     |                  |
| Superintendent Approval                          | (signature)                     | Date             |
|  |                                 |                  |