

**TEACHER REQUEST TO BE ABSENT — FIELD TRIP REQUEST**

**MUST COMPLETE FOR ALL TRIPS AND ABSENCES**

1. Name \_\_\_\_\_

Position \_\_\_\_\_ Date of Absence/Event \_\_\_\_\_

Substitute Needed Yes No If needed for partial day list **time** \_\_\_\_\_

Reason for Requesting Absence: Leave \_\_\_\_\_ School \_\_\_\_\_ Bereavement \_\_\_\_\_ (Relationship \_\_\_\_\_)

Other \_\_\_\_\_ (example: jury duty) (Other is NOT personal time)

Purpose (**MUST BE COMPLETED IF SCHOOL OR OTHER IS MARKED ABOVE**) IF PERSONAL TIME— LEAVE BLANK \_\_\_\_\_

If mileage is requested, list approximate number of miles \_\_\_\_\_ Registration Costs \_\_\_\_\_  
(If requested, attach the appropriate completed information and registration forms.)

If overnight lodging is requested, show number nights \_\_\_\_\_

2. **FIELD TRIP**

Date of Trip \_\_\_\_\_ Class or organization making the trip \_\_\_\_\_  
(Include grade level(s) attending)

Destination \_\_\_\_\_

Approximate number of students attending/riding \_\_\_\_\_ Adults \_\_\_\_\_

Time leaving school \_\_\_\_\_ Time returning to school \_\_\_\_\_

Do you wish school transportation? Yes No **Transportation Request must be attached**

Please explain purpose of trip and which Academic Standard this trip relates to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** of Sponsor of Class or Organization \_\_\_\_\_

3. ***Field trip request and transportation request are to be returned to the master calendar coordinator (Building Principal, Assistant Principal, or Dean of Students)***

Approved on calendar \_\_\_\_\_

***Field Trip/Transportation Requests must be turned in to the superintendent's office at least one week prior to scheduled event.***

**ANY OUT OF STATE OR OVERNIGHT TRIP MUST HAVE SCHOOL BOARD APPROVAL.**

4. **AUTHORIZATION**

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Request: Approved Denied

Received at Central Office: \_\_\_\_\_