



# Field Trip Request Form

(Student/Adult)

*MUST BE SUBMITTED 10 BUSINESS DAYS PRIOR TO FIELD TRIP*

**Check One:**

- One Day, School Day
- One Day, Non-School Day
- Overnight Trip, # of Nights
- Out of State Trip
- Trip to Foreign Country

Destination: \_\_\_\_\_

Educational Benefit/Purpose of Trip: \_\_\_\_\_

\_\_\_\_\_

Class associated with Field Trip: \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_ Return Date & Time \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Closest Hospital/Emergency Room: \_\_\_\_\_

Adult In Charge: \_\_\_\_\_ Cell Number \_\_\_\_\_

Additional Adult In Charge: \_\_\_\_\_ Cell Number \_\_\_\_\_

Other Adults on Trip: \_\_\_\_\_

**Transportation (check one, please):**

District Vehicle \_\_\_\_\_

Student Vehicle \_\_\_\_\_

**REQUIRED**

Check here for attached list of participants and class handouts for Field Trip.

Check here indicates all participants have completed the required/applicable field trip forms (MSJC Excursion notice, Activity Waiver and personal Vehicle Use). These forms must be kept in associated department for one year after the date of the field trip.

Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

Appropriate Area Dean \_\_\_\_\_ Date \_\_\_\_\_

Risk Management, Business Services \_\_\_\_\_ Date \_\_\_\_\_