

Monmouth County Vocational School District

This form must be submitted at least six weeks in advance of the proposed trip

I would like permission for the following field trip:

Teacher: _____ Trip Date: _____

Time of Departure: _____ Time of Return: _____

Class/Classes: _____ No. of Students _____

Destination: _____

Transportation Cost: _____

Educational Objectives: _____

Preparation Activities: _____

Follow-Up Activities: _____

Chaperones (1 per 10 students)

Approved: _____

Principal

Date: _____

Approved: _____

Assistant Superintendent

Date: _____

Date Received in Board Office: _____