



**FAYETTE COUNTY
CAREER & TECHNICAL INSTITUTE**

Field Trip Request and Authorization

Program/Organization: _____ Date: _____

Number of Students: _____ Date of Field Trip: _____

Name and Address of Field Trip Destination: _____

Educational Purpose: _____

Time of Departure from School: _____ Time of Arrival at Destination: _____

Time of Departure from Destination: _____ Time of Return to School: _____

Means of Transportation: _____ School Bus _____ School Van _____

Charter Coach _____ Other _____

If "Other" is checked, please explain: _____

Substitute Needed: AM: _____ PM: _____ All Day: _____

Other school personnel attending the field trip: Yes: _____ No: _____

If "Yes", who and why? _____

Signature of Instructor/Advisor

Signature of Director

Date

Approved _____

Disapproved _____