

Stafford School Field Trip Request

Date of Trip: _____ Grade Level: _____

Requested By: _____

Number of Students: _____ Number of Adults: _____

Star Seat Needed: Y / N

Number of Buses: _____

Departure Time: _____ Est. Return Time: _____

Destination: _____

Destination Address: _____

Destination Phone Number: _____

Special Instructions or Directions: _____

*******For Office Use Only*******

Signature of Authorizing School representative: _____

Date Requested: _____ Date Approved: _____

Trip Number (s): _____

Date Confirmed: _____

Driver: _____

Driver: _____