

Funds Requested: _____

FIELD TRIP AUTHORIZATION FORM

Date of Request: _____ Center Name: _____ Date Rec'd: _____

Person Completing Request: _____

When are the funds needed (date)?: _____

Who is responsible for obtaining and verifying receipts? _____

Date of field trip: _____ from _____ a.m. until _____ p.m.
(Full name)

Destination:

Give complete directions in the space below for destination emergency phone numbers and contact person: _____

Transportation: Head Start Bus (es) _____ Name of Driver (s): _____

Who will provide lunch or snack? _____

Adults going on field trip as supervisors for children? _____

Any special accommodations, equipment, etc. required for children with special needs or disabilities? Specify: _____

Current Unit Topic: _____

Purpose of this field trip. Describe how this field trip will correlate to classroom activities: _____

What are your learning goals for this field trip?

1. _____

2. _____

3. _____

