

# Hamilton Christian Academy Field Trip Request Form

**Destination:**

Name of destination: \_\_\_\_\_

Contact person at destination: \_\_\_\_\_

Address of destination: \_\_\_\_\_

Phone number of destination: \_\_\_\_\_

**Description of Field Trip:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Purpose:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Field Trip Date: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Return Time: \_\_\_\_\_

Grade(s): \_\_\_\_\_

Teacher: \_\_\_\_\_

Do you need a van? \_\_\_\_\_

Other transportation needed? \_\_\_\_\_

Has van been approved? \_\_\_\_\_

Do you need payment? \_\_\_\_\_

Do you need parent help? \_\_\_\_\_

Have you secured them if so? \_\_\_\_\_

Do you need a sub for classes missed or other duties covered? \_\_\_\_\_

Have you alerted all other staff members whose schedule will be affected? \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_