

FIELD TRIP REQUEST FORM

SCHOOL		PHONE	FAX
ADDRESS			
TRIP DATE/DAY			
REQUESTED BY	EMAIL ADDRESS		
DESTINATION	REPORT TO		
DESTINATION ADDRESS			
Pick-Up Time at School	_AM/PM	# of Students	
Pick-Up from Destination	AM/PM	# of Adults	
Return Time to School	AM/PM	# of Buses	
	METHOD OF PAYMENT PURCHASE ORDER # COD		
	PURCHASE ORDER #	COD	
(Please Check the Appropriat	e): □ LUNCH: From	To	
ENROUTE STOP INSTRUCTIO	NS:		
APPROVALS:			
Principal/Project Director	Date Rece		eived

All Cancellations Must Be Made 72 Hours Prior To Date of Trip

Field Trip Department Phone: (313) 835-2700 Fax: (313) 835-2727