

MADISON CITY SCHOOLS
FIELD TRIP ACTIVITY FORM

MUST BE SUBMITTED TWO WEEKS IN ADVANCE

School _____ Group (class, club, org., etc.) _____

Number of Student Riders _____ Number of Faculty/Chaperones _____

Number of Buses Needed: Regular _____ Mini-Bus _____

Person in Charge of Trip _____ Cell Phone# _____

Destination of Trip _____

Event Address _____

Date Needed _____ Time Needed _____ Arrive Back at School _____

Fund to Be Charged: _____

Note: Trip request will not be processed without an assigned fund.

_____ or _____

Principal's Signature

Department Head's Signature

CENTRAL OFFICE APPROVAL: _____ **DATE** _____