

REQUEST FOR EDUCATIONAL FIELD TRIP  
Marshall Community Unit C-2 Schools

Please submit this form to your principal at least one week prior to your field trip.

Teacher \_\_\_\_\_ Class \_\_\_\_\_

Date of trip \_\_\_\_\_ Departure time \_\_\_\_\_

Approximate time of arrival back to Marshall \_\_\_\_\_

Bus needed:    yes    no                      Sub needed:    yes    no

Number of students \_\_\_\_\_

Destination \_\_\_\_\_

We will visit \_\_\_\_\_

If going to multiple locations during this trip, please list pick-up and drop-off time for each location.

Objectives to be accomplished \_\_\_\_\_

APPROVAL

\_\_\_\_\_  
Signature of Principal                      Date

\_\_\_\_\_  
Signature of Superintendent                      Date