

MONTOURSVILLE AREA SCHOOL DISTRICT

50 North Arch Street
Montoursville, PA 17754

REQUEST FOR FIELD TRIP or FESTIVAL APPROVAL
(please check one)

Date of Request: _____

Person Making Request: _____

Name of Field Trip/Festival: _____

Location of Field Trip/Festival: _____

Date(s) of Field Trip/Festival: _____

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Time of trip: _____

Substitute(s) Required? Yes No If yes, how many? _____

List other staff members attending field trip/festival: _____

Estimate of Total Expenses: \$ _____ Number of Students: _____

Principal's Signature: _____

How is this field trip/festival relevant to your curriculum?

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For Office Use Only

Total Expense _____

Expense to District Budget _____

Expense to Activity _____