



Goodrich ISD Field Trip Request Form

Campus _____ Date of Trip _____

Organization/Grade _____ Number of Students _____

Name(s) of School Sponsor(s) Attending _____

Purpose of Trip _____

Destination (*attach MapQuest directions from school*) _____

Departure Time _____ Return Time _____ (all school day trips must be completed by 2:30 pm)

Transportation Mode: Bus _____ Suburban _____ (*please include the appropriate completed transportation request form with your field trip request*)

Charge to Student (if any) _____ Lunch Arrangements _____

Date Of Request (all field trip requests must be made at least 10 days in advance) _____

For Administrative Use Only

___ Approved ___ Denied Principal Signature _____ Date _____

Notes: _____