

DCEC Field Trip Request

Teacher Requesting Trip: _____

Date Request is being submitted: _____

Trip Destination: _____

Date of Field Trip: _____ Approximate time of Arrival at Destination: _____

Purpose of Field Trip: _____

Number of Students Participating: _____ List of Students and their home districts:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What plans do you propose for any students not participating: _____

Departure Date and Time: _____

Approximate Time of Departure from Destination: _____

Time and Date of Arrival back Home: _____

Since DCEC no longer has buses
it will be necessary for you to make transportation arrangements through your school
Description of Transportation Arrangements:

Principal Approval: _____

(Must have Prior approval from all Principals before submitting to the Coop.
It must be submitted to the Coop office at least 2 weeks prior to trip)

To Be Completed by DCEC Office:

Date: _____

Field Trip Approved _____ Yes _____ No

Coop Administrative Signature: _____