

PRAIRIE CENTRAL CUSD #8 FIELD TRIP REQUEST

TODAY'S DATE \_\_\_\_\_

DATE OF TRIP	# OF PEOPLE	CLASS, CLUB, OR GROUP NAME; CONTACT PERSON	DESTINATION AND PURPOSE OF TRIP	DEPARTURE TIME AND SITE	ESTIMATED RETURN TIME	SIGNATURES
						PRINCIPAL TRANSPORTATION COORDINATOR SUPERINTENDENT

REQUIRED (CHECK):

MANIFEST ATTACHED (CLASS LIST OF ALL STUDENTS ON TRIP, REQUIRED FOR ISBE REIMBURSEMENT)  
 COPY TO NURSE  
 COPY TO TRANSPORTATION COORDINATOR  
 COPY TO PRINCIPAL  
 COPY TO APPLICANT/SPONSOR