



Field Trip Request Form

ITHACA CITY SCHOOL DISTRICT

400 Lake Street • P.O. Box 549 • Ithaca, New York • 14851-0549

INSTRUCTIONS : Please complete this form in full for any field trip that is ICSD sponsored. Refer to the ICSD Field Trip Guidance Document for questions about the approval process. Blanket permission slips may not be used, but permission slips that detail multiple trips may be used if specific locations and dates are included. Use back as needed for explanations and other information.

PART I: FIELD TRIP INFORMATION (please print)

Requester _____ Grade(s)/Class _____ Date _____

ICSD School _____ Trip Name _____

Trip Date(s) _____ Transportation (e.g., walk, ICSD, TCAT, Charter) _____

Number of : STUDENTS _____ ADULTS _____ Wheelchairs _____ ICSD Buses _____

Educational Rationale _____

Departure Location _____ Departure Date _____ Departure _____ Arrival _____

Return Location _____ Return Date _____ Return Time _____

Destination Address _____

Contact at Destination _____ Phone _____ - _____ - _____

Cost of Trip _____ Funding for Trip (Building, PTA, IPEI) _____

If trip requires students to pay, and/or poses an accessibility challenge, what is your plan for making this trip accessible for all students?

Adults on Trip: Name _____ Cell phone _____ - _____ - _____
(Additional on back)

Name _____ Cell phone _____ - _____ - _____

Name _____ Cell phone _____ - _____ - _____

Nurse review _____ Cafeteria notification _____
Signature Date (7 days if lunch required) Signature Date

Check if applicable to trip: Overnight _____ Open Water _____ 50+ miles _____ Release of Liability Required _____
Attach Water Safety Form

Attach permission form & inform all colleagues affected by this trip

PART II: BUILDING APPROVAL To be completed by School Principal

Received _____ Approved _____ Denied _____ District Approval Required _____
Date

Comments: _____

Principal Signature Date

PART III: DISTRICT APPROVAL To be completed by Central Office Administrator (only if required)

Received _____ Approved _____ Denied _____ _____
Date Administrator's Signature Date