

Ithaca City School District
Field Trip Request Form

****Please submit 5 full calendar days in advance****

Trip Name: _____

Trip Date: _____

Trip Type: Educational Non-Educational Sport Grade: _____
(Circle one)

Reason for Trip: _____

School: _____ Requestor: _____

Departure Date/Time: _____

Return Date/Time: _____

Destination(s): _____

Number of: Adults _____ Students: _____ Wheelchairs/Star Seats: _____ Vehicles: _____

Contact Name: _____

Contact Phone Number: _____

Notes: _____

Billing Info: _____

Trip Confirmation #: _____ Approve Declined