

GARDEN CITY HIGH SCHOOL

FIELD TRIP REQUEST FORM

GROUP:				CLASS	
TEACHER REQUESTING:				COMPETITION	
DATE	DESTINATION	METHOD OF TRANSPORTATION			
		SCHOOL CONVEYANCE	PERSONAL CONVEYANCE		
PURPOSE		CHAPERONE'S	CONTACT NUMBER		
LEAVE TIME	ARRIVAL TIME	DEPARTURE TIME	RETURN TIME	NUMER OF STUDENTS	
INSTRUCTIONAL HOURS MISSED		ACADEMY PRINCIPAL:			
SEND COPY TO AD OFFICE		ATHLETIC DIRECTOR:			