

ORLEANS CENTRAL SUPERVISORY UNION APPLICATION FOR FIELD TRIP/EXCURSION

TO: _____
SUPERINTENDENT OF SCHOOLS

FROM: _____

SCHOOL: _____

LOCATION AND DATE OF PROPOSED TRIP: _____

RATIONALE: _____

OF STUDENTS: _____ MODE AND COST OF TRAVEL: _____

OF CHAPERONES: _____ _____

MEALS AND HOUSING ARRANGEMENTS AND COSTS: _____

PROJECTED AGENDA AND SCHEDULE: _____

(attach additional page if necessary)

ESTIMATED TOTAL EXPENDITURE PER STUDENT: _____

FINANCING: _____

(SIGNATURE)

PRINCIPAL'S RECOMMENDATION/APPROVAL: _____

(PRINCIPAL'S SIGNATURE)

SUPERINTENDENT'S SIGNATURE: _____