

North Gem School District #149
Field Trip/Activity Trip Request Form

Out of State Overnight During School

Advisor: _____

Today's Date: _____ Date of Trip: _____

Departure Time: _____ Return Time: _____

Destination: _____

Trip Information: _____

Adult Sponsors/Chaperones:

Number of Students: _____

Advisor signature: _____

Date: _____

Superintendent signature: _____

Date: _____

Transportation supervisor signature: _____

Date: _____

Board approval YES NO

Date: _____

Student Roster:

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