

George – Little Rock Community Schools Activity and Field Trip Request Form

Teacher: _____

Date: _____

Destination: _____

Trip Date: _____

Time of Departure: _____

Time of Return: _____

Number to be transported: _____

Purpose of trip _____

Educational Value: _____

Correlation to classroom academic program: _____

Approved by Principal.... Principal's E-Signature: _____

Approved by Superintendent...Superintendent's Signature: _____

Complete, save and email to your Building Principal.