## **FIELD TRIP CHECK LIST**

DATE:	
FIELD TRIP LOCATION:	
SITE CONTACT PERSON:	
SITE LAND LINE:	
SITE ADDRESS:	
CAFETERIA LUNCHES:	
TEACHER:	
TEACHER CELL #:	
RIDING BUS #:	
	CLASS ATTENDANCE
ABSENT STUDENTS:	

## **FIELD TRIP**

DE:		
E:		
RIP DESTINATION:		
CHILD'S NAME	PARENT SIGNATURE	
2.1122 2.11312		

**TEACHER'S NAME\_** 

SEND TO OFFICE AFTER RETURN TO CAMPUS!!!!!