

West Caldwell High School

Administrative Field Trip Approval Form

Teacher/Club Sponsor _____

Emergency Contact # Cell # (include area code) _____

Reason _____

Date(s) of Field Trip _____

Location _____

(Name of place visiting)

(Address)

(City, State, Zip Code)

(Phone # - include area code) & (Fax of Destination)

Number of students participating in this activity _____

Do you need a bus? Yes No If yes, how many? _____

Do you plan to eat lunch on your trip? Yes No

If you plan to visit other locations on route, please list below:

Time and Location:

Time Departing from West Caldwell _____

Time Returning to West Caldwell _____

Other than West Caldwell:

Departing from _____ @ _____

Returning to _____ @ _____

Name of Substitute _____

Name of Bus Driver(s) _____

Name of Chaperone(s) _____

Office Use Only

☐ Field Trip Approved

☐ Field Trip Denied

Administrator Signature _____ Date _____

☐ Cafeteria Notification

☐ Email Notification to West Caldwell Staff

☐ Email Notification to Office Staff (Rhoney, McNulty, Link, Anderson, Mihelich, Ramsey, Bryant, Watts)