GARFIELD ELEM. SCHOOL FIELD TRIP APPLICATION  
(REvised July 2019)

Date of Application: __________________________

Permission is requested to conduct the following field trip:

1. Date of Trip: ____________________________ Grade(s) __________

2. Destination: ________________________________

3. Mode of Travel: __________________________

   Approximate Return to School Time: ____________________________

5. TOTAL NUMBER OF PASSENGERS (Including chaperones and teachers) ______

6. Teachers Involved:* ________________________________
   ____________________________________________
   ____________________________________________

7. Indicate Educational Benefits of Trip: ________________________________
   ____________________________________________

8. Teacher’s Signature: __________________________ 9. Director’s Signature ______________________

Your trip is: [ ] APPROVED [ ] NOT APPROVED
Buses are: [ ] RESERVED [ ] NOT AVAILABLE
Substitute Needed [ ] ALL DAY [ ] PERIODS ______

Corbett Coutts __________________ Robert Farrell __________________ Adriana Tringale ______
Principal Transportation Director Assistant Principal

SUPERINTENDENT’S OFFICE APPROVAL ____________________________ Danielle Mokaka

*TEACHERS: Please note:

Teachers Please Note: 
PERMISSION SLIPS ARE DUE TO THE NURSE 3 WEEKS IN ADVANCE OF TRIP.

ATTENDANCE SHEETS WITH THE STUDENTS NAME AND I.D. NUMBER MUST BE
SUBMITTED TO THE FLOOR OFFICE THE MORNING OF YOUR FIELD TRIP.

BUS FEES OF $495.00 EACH BUS FOR THE FIRST 4.5 HRS AND $110.00 A
HOUR AFTER THAT. FEE NEEDS TO BE SUBMITTED TO TRANSPORTATION TWO
DAYS PRIOR TO THE TRIP DATE. MAKE CHECK PAYABLE TO HEALEY BUS INC.

Main Office Only: 
ONCE APPROVED, COPIES OF THIS FORM MUST BE SENT TO:
[ ] Deans____________________ [ ] Director____________________ [ ] Originating Teacher____________________