Luzerne Intermediate Unit

Field Trip Request Form*

***Note: only 1 field trip per quarter unless otherwise approved by your Supervisor and/or Director**

TEACHER(S): _____

E-MAIL: _____ PHONE: _____

DISTRICT/BUILDING: _____ EXCEPTIONALITY: _____

DATE OF TRIP: _____

DESTINATION: _____

(Within Luzerne County, unless previously approved by your Supervisor and/or Director)

PURPOSE: _____

Time of Departure: _____ Time of Return to School: _____

Nurse Required: ◯ NO ◯ YES Student Name: _____

IU transportation requested: ◯ YES ◯ NO

Total number of students attending: _____

Number of students in wheelchairs: _____

If IU transportation will **not** be used, no, indicate type of transportation to be used:

_____

LIST OF CHAPERONES: _____ _____

_____ _____

_____ _____

_____ _____

RECOMMENDED FOR APPROVAL:

All requests should be submitted to Patty DeAngelo,

pdeangelo@liu18.org **at least TWO WEEKS prior to the date of event**

Supervisor, Special Education: _____ Date: _____

Director, Special Education: _____ Date: _____

Operational Services Director: _____ Date: _____

Luzerne Intermediate Unit

Field Trip Roster

Teacher: _____

Building: _____

Date of Trip: _____

Destination: _____

Student Name	Home District	Attendance YES/NO	Check if: WC	STROLLER	AIDE/NURSE TRAVELS WITH
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