

CAVIT Field Trip Request Form

Field Trip Date: _____ Teacher Name: _____ Teacher Cell #: _____

Participating Class: (circle all that apply) Session 1 Session 2 Session 3

of Participants (include students & teacher): _____ Is this a joint trip with another CAVIT program? _____

Name of Activity: _____ Event Phone Number: _____

Physical Address: _____ Town: _____

Departure Time from CAVIT: _____ Arrival Time Back to CAVIT: _____

Purpose of Field Trip: _____

Trip Itinerary for Multiple Stops (fill out if applicable)

Stop #1 Physical Address _____ Town: _____

Arrival Time: _____ Departure Time: _____

Purpose of Stop #1: _____

Stop #2 Physical Address _____ Town: _____

Arrival Time: _____ Departure Time: _____

Purpose of Stop #1: _____

Stop #3 Physical Address _____ Town: _____

Arrival Time: _____ Departure Time: _____

Purpose of Stop #1: _____

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(Office Area)

_____ Approved _____ Denied-Reason _____

_____ CAVIT Bus _____ Driver _____ School providing Transportation

Original – Teacher

Canary-Bus Driver

Pink-Superintendent

Goldenrod-Attendance Clerk