



TOBAGO MISSION OF SDA

DEPARTMENT OF EDUCATION

FIELD TRIPS

Application For Approval

Name of School:.....

Proposed Date of Field Trip:.....

Place / Places to be Visited:.....

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Class / Classes:.....

Purpose of Field Trip:.....

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Means of Transportation:.....

Time of Departure:.....

Classroom Preparation for Field Trip:.....

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Proposed Follow-up Activities for Field Trip:.....

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No. of Students Expected to Attend:.....

Name of Teachers Accompanying Students:.....
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Names of Other Adults Accompanying Students:.....
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Insurance Arrangements:.....
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Date Scheduled for Return of Parent Consent Forms:.....

.....
Signature of Principal

.....
Date

FOR OFFICIAL USE ONLY

APPROVED

NOT APPROVED

Comments:.....
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Director of Education

.....
Date