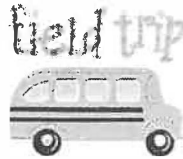


Lind-Ritzville High School



Field Trip Request



Grade: _____ Teacher(s): _____

Date of Field Trip: _____ Departure Time: _____ Return Time: _____

Destination: _____

Educational Purpose:

**Please check off the following people that have been notified of the trip.
Put NA if it is not applicable.**

____ Nurse

____ Music Teacher

____ Library

____ Cafeteria

____ P.E. Teacher

____ Permission Slips

____ Office

____ Bus Garage

____ Volunteer Back Ground Checks

Requesting Signature: _____ Date: _____

Principal's Signature: _____ Date: _____