State of Illinois
Department of Human Services - IMSHS

Field Trip Request

Center: _____	Today's Date: _____

Classroom(s): _____

Field Trip To: _____

Address: _____

Planned Date: _____	Departure Time: _____	Return Time: _____
Anticipated Cost: _____	Number of Children: _____	Ages of Children: _____

Total Number of Adults Needed: _____	Number of Volunteers Needed: _____

Staff Going: _____

REQUESTING

Lunch:	☐ Yes	☐ No	Kitchen Personnel's Initials: _____
Snack:	☐ Yes	☐ No	_____
Transportation	☐ Yes	☐ No	Transportation Personnel's Initials: _____

DIRECTOR'S OR EDUCATION COORDINATOR'S INITIALS

Field Trip Approved ☐ Yes ☐ No Initials: _____

APPROVED WITH THE FOLLOWING MODIFICATIONS