

This form is not for athletic events

LORDSTOWN SCHOOLS SPECIAL TRIP REQUEST

Group/Class: _____ Supervisor _____

Destination: _____

Date: _____ Depart _____ Return _____

Day of Week: M TU W TH F Sat Sun

Additional Destinations Planned (Yes/No): _____

Additional Destinations:

Location: _____

Purpose: _____

Number of Participants: _____ Teachers _____ Chaperones _____

Date of Application: _____ Signature of Applicant: _____

Approved by: _____
Principal

Comments: