

**EATON INTERMEDIATE SCHOOL DISTRICT
CAREER PREPARATION CENTER**

FIELD TRIP REQUEST FORM

Date of trip:	Program:
Type of field trip <input type="checkbox"/> Walking <input type="checkbox"/> Private vehicles*** <input type="checkbox"/> Bus	Number of participants <i>(including teacher)</i>
Destination	Address
Departure Time from School:	Return time to school:
Teacher in Charge:	Date Submitted:
Comments: (include all directions or special instructions)	
_____ LCC Department Chair Signature	Date Approved:
Notification: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EISD Approved by:	Date Approved
Bus Driver Contacted _____ Yes _____ No	

**EISD Administration must receive LCC Chair approved form
1 week prior to field trip to be approved.**

*** For Private Vehicle USE EISD must have the following on file prior to non-EISD drivers can be used.

Driver's name:	Driver's name:
<input type="checkbox"/> I have submitted a copy of my driver's license	<input type="checkbox"/> I have submitted a copy of my driver's license
<input type="checkbox"/> I have submitted a copy of my auto insurance	<input type="checkbox"/> I have submitted a copy of my auto insurance
Driver's name:	Driver's name:
<input type="checkbox"/> I have submitted a copy of my driver's license	<input type="checkbox"/> I have submitted a copy of my driver's license
<input type="checkbox"/> I have submitted a copy of my auto insurance	<input type="checkbox"/> I have submitted a copy of my auto insurance