

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE  
620 INDUSTRIAL, BOX 760  
GODDARD, KS 67052  
794-8641

**FIELD TRIP REQUEST**

DATE: \_\_\_\_\_

I wish to take my class to visit:

\_\_\_\_\_, on \_\_\_\_\_  
(Firm or Organization) (Date)

We expect to leave at \_\_\_\_\_ and return at \_\_\_\_\_  
(approximate time) (approximate time)

I feel this visit would be beneficial to my class for the following reasons:

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_ approved \_\_\_\_\_disapproved

\_\_\_\_\_  
(Principal's Signature)

\_\_\_\_\_ approved \_\_\_\_\_disapproved

\_\_\_\_\_  
(Director's Signature)