George Washington Academy Request to Schedule a Field Trip 540F1 - Revised 3/25/2024

Grade: Teacher(s) Requesting Field Tri	p:		
Date of Field Trip:			
Destination:			
Educational Purpose and Relation to Curriculum:			
Means of Transportation: Parent drop-off and pick-up	only		
Time Parents Dropping Off: Time Parents Pi	cking Up:		
Itinerary:		•	
Event: (please complete if there are multiple locations)	Time:		
Please list any volunteers who will assist with supervibe left alone with students):		= -	
Cost of the Activity: Special Reques	sts:		
How will this field trip be paid for? (teacher's account, be	udget, donations - if asking for dona	tions it must be voluntary and	
parents notified they are not required to pay for their child to par	ticipate)		
Please initial all below:			
➤ GWA field trip permission slips (Form 540F2) will be se in case of emergency	nt to parents in advance of field trip,	signed, and taken on field trip	
➤ GWA Field Trip Sack Lunch Request (Form 540F3) will returned to Lunch Coordinator by end of day		ting school lunches and	
 ➤ A teacher has been designated to bring and be in charge of All teachers will account for all students on arrival and b 		front office students who are	
not in attendance)	s (
 Students are to wear their uniforms on all field trips. A minimum of two employees (including teacher) must a 	attend the field trip in a professional	- · · · · · · · · · · · · · · · · · · ·	
Approval: Granted Denied			
Director's Signature:	Date:		