



COMMUNITY SERVICES HEAD START FIELD TRIP REQUEST FORM



Date of Request:

Director:

Teacher:

Field Trip Date:

Place:

Purpose of Field Trip:

Departure Time:

Return Time:

Additional Transportation Needed: Yes No

Purchase Requisition Needed: Yes No

(If yes, attach purchase requisition to request form)

Admin. Office Only:
H/S Director Assistant
initial _____

Nutrition Information

Payer Source: **Head Start** **USDA** **Other**

Planned Menu for day of Field Trip:

Menu Planned for Field Trip:

Teacher Signature

Campus Director Signature

Nutrition Manager

Curriculum Director

Date

Date

Date

Date