

INSTRUCTIONAL RESOURCES
FIELD TRIPS

EFD
(EXHIBIT)

FIELD TRIP ITINERARY

To be turned into the school office before departure

Teacher _____ Grade/Class/Section _____

Contact Person _____ Contact phone number _____

Date of trip _____ Means of travel _____

Time of Departure _____ Time of Return _____

Destinations:

Time from _____ to _____ location _____

Time from _____ to _____ location _____

Time from _____ to _____ location _____

List all students who will not be attending the field trip and their classroom assignments:

Name _____ Classroom _____

Name _____ Classroom _____

Name _____ Classroom _____

Name _____ Classroom _____

Name _____ Classroom _____

List all students who are absent:

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____