LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Field Trip Request Form

Lead Teacher: _____ LOC ID: _____ Date: _____

We are requesting to schedule a field trip to: _____ On: _____

Class will need to depart at: _____ Class will return at: _____ Number of Children: _____
Time *Time* Number of Adults: _____

Names of staff attending: _____

Names of volunteers attending: _____

How does the field trip relate to the classroom topic of study or curriculum?

_____

Do you have the recommended ratio of adults per child? _____
Do you have children that may need 1:1? _____ If yes, list who _____

I have made all the necessary arrangements in this order:

1. ☐ Contacted Area Manager
2. ☐ Notified parents that a field trip is being planned and volunteers will be needed.
3. ☐ All accommodations for children with special needs have been planned (nutritional, physical, behavioral, etc.) *Please specify accommodations:* _____
4. Other: _____

Number of lunches: _____
Number of snacks: _____

I have confirmed that this field trip request does not conflict with any other activities at the center (i.e. health, special services, etc.).

_____
Signature of Staff Person Filling Out Request

THIS MUST BE SUBMITTED AT LEAST THREE WEEKS PRIOR TO SCHEDULED TRIP FOR APPROVAL AND WILL BE REVIEWED WITHIN 5 BUSINESS DAYS.

Field trip has been: ◯ Approved ◯ Rejected
If approved:

1. ☐ Area Manager contacted Transportation Manager, School Readiness Specialist, Food Service Manager
2. ☐ Area Manager uploaded form to Google Drive in Education Folder.

Comments: _____

Bus Driver is: _____

_____ _____
Area Manager Date

(R: 09/03; C: 03/24)

Checked for Accessibility: GM, ECR, 5/22/2026, Adobe Acrobat Accessibility Checker