



BELLA VISTA ELEMENTARY SCHOOL

22661 Old Alturas Road

Bella Vista, CA 96008

530.549.4415

**Field Trip Approval Request**

Grade-level requesting trip \_\_\_\_\_ Date of trip \_\_\_\_\_

# of trips already taken this year \_\_\_\_\_

Field trip location \_\_\_\_\_

California Standard(s) addressed by this field trip \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Trip Budget:	Transportation	_____	Total cost \$_____
	Admission/tickets	_____	
	Substitutes	_____	
	Other	_____	

Fundraiser Activity \_\_\_\_\_

Duration \_\_\_\_\_ Estimated Net \$\_\_\_\_\_

This request is approved \_\_\_\_\_ not approved \_\_\_\_\_

\_\_\_\_\_  
Administrator's signature

\_\_\_\_\_  
Date

\*Upon approval, please submit a "Request for Field Trip" form.

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