

Veterans Memorial High School



Field Trip Form

Field Trip Requested by: _____ Date: _____

CTE Cluster: _____ Periods: _____

Amount of Students: _____ Date of Field Trip: _____

Field Trip Destination:

Lunch Accommodations: _____ Lunch Time: _____

Return Time: _____ Transportation: _____

Purpose of the Trip:

Objectives/ TEKS :

Approved By: Mrs. Solis: _____

Mrs. Gutierrez: _____ Mrs. Soto: _____

Not Approved by: _____ Reason: _____