



CCST FIELD TRIP APPROVAL/DISAPPROVAL FORM

Complete this form in duplicate and return it to the principal at least two weeks prior to the trip. One copy will be returned indicating the decision relative to the proposed trip.

Teacher: _____

Class: _____

Trip: _____

Date: _____

Rationale: _____

Teacher's signature: _____

Approved: Administrator's Signature _____
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Disapproved because: Administrator's Signature _____
