

Omaha School District Field Trip/School Functions Request

To: _____
(Include address of travel location)

Date(s) of Travel: _____
(include day of the week and date)

Time Leaving: _____ Time Returning: _____

Purpose of Trip:

Class/Organization: _____

Number of Students: _____

(Please attach a list of the student's who will be going on the trip)

Approved:

Principal

Superintendent

Bus Driver Assigned: _____