

# **BCPS Field Trip Request ID # 11858**

Trip Request By

Trip Name

Trip Date

Approx. Pick-up Time

Return Date

Approx. Return Time

Class/Group

Student Count

Chaperone Count

Number of Vans/Buses

Common Carrier

Cost to Students

How will you pay for students who cannot afford the fee?

## **Place of Departure**

Name:

Address:

City:

State: KY

## **Destination**

Name:

Address:

City:

State: KY

## **Lesson Plans**

ALL COVID GUIDELINES WILL BE FOLLOWED.