

**West Springfield High School  
FIELD TRIP TEACHER APPROVAL**

<b>Student Name:</b> _____
<b>Field Trip Teacher/Sponsor:</b> _____
<b>Date(s) of Field Trip:</b> _____
<b>Trip / Destination:</b> _____

**Directions:** The student should complete class names on the form. Each teacher of a class that will be missed due to the field trip is required to sign the form. It is the student's responsibility to make up any missed class work. The student also needs to obtain teacher approval and return this form to the field trip teacher/sponsor by the due date.

**Students who do not follow this procedure will not be permitted to participate in the field trip.**

Period	Class	Optional Comments	Teacher Signature
1			
2			
3			
4			
5			
6			
7			
8			

\*\*\*\*\* Completed forms are due back to the field trip teacher/sponsor by: \_\_\_\_\_