

**SENECA HIGHLANDS INTERMEDIATE UNIT NINE  
SPECIAL EDUCATION SERVICES**

**Field Trip Form**  
**(TO BE SUBMITTED FOUR WEEKS PRIOR TO FIELD TRIP)**

CLASS \_\_\_\_\_ TEACHER \_\_\_\_\_  
DATE \_\_\_\_\_ DATE OF \_\_\_\_\_  
SUBMITTED \_\_\_\_\_ TRIP \_\_\_\_\_  
NUMBER OF \_\_\_\_\_  
STUDENTS \_\_\_\_\_  
PARTICIPATING \_\_\_\_\_

EXPENSES \_\_\_\_\_ (Please Indicate):  
To be billed to the  
Intermediate Unit

Request advance payment  
in the amount of \_\_\_\_\_

**FIELD TRIP**

**1. Name of site(s) to be visited by class**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Location of site(s)**

City \_\_\_\_\_

Number of Miles (Round Trip) \_\_\_\_\_

Actual Cost of Transportation \_\_\_\_\_

Name of Transporter \_\_\_\_\_

**3. Length of Trip**

Hours (Approximate) \_\_\_\_\_

Time of Departure (Approx.) \_\_\_\_\_

Time of Return (Approx.) \_\_\_\_\_

**4. Lunch Arrangements**

(If lunch will be eaten en route or at site, complete this  
item; list phone number, if known.)

Restaurant or Area \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

