COMMUNITY SERVICES HEAD START
FIELD TRIP REQUEST FORM

Date of Request:

Director:

Teacher:

Field Trip Date:

Place:

Purpose of Field Trip:

Departure Time:

Return Time:

Additional Transportation Needed: Yes No

Purchase Requisition Needed: Yes No
(If yes, attach purchase requisition to request form)

Admin.Office Only:
Assistant to H.S. Director
initial_____

Nutrition Information

Payer Source: ☐ Head Start ☐ USDA ☐ Other

Posted Menu for day of Field Trip:

Changed Menu for Field Trip:

Teacher Signature — Date

Campus Director Signature — Date

Nutrition Coordinator Signature — Date

Education Coordinator Signature — Date

Revised 11/7/2025