

Field Trip Clearance Form for Testing

Prior to submitting your field trip packet, please complete this form in its entirety and obtain the signature of a testing staff member. Thank you!

Teacher: _____

Chaperones : _____

Student Grade Level(s): _____

Trip Date(s): _____

Departure Time: _____

Arrival Time: _____

Additional Notes: _____

Testing Clearance (signature): _____

Date: _____