Chancellor

Ketler Louissaint

P721R

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Superintendent, District 75

Kristin McHugh Principal

Jennifer D'Alessio Jacqueline Musumeci **Michel Rueda Assistant Principals**

FIELD TRIIP REQUEST

Date:				Site:				
For SINGLE DAY TRIP:			f Trip:					
For ONGOI	NG TRIP:	→ Start Da	ate:	E	End Date:			
	•	Days:	M	T _	WR		F	
Location:	Name:							
	Address:							
	City, State, Zip							
	Rationale:							
	Standards:							
Number of Ambulatory Students				PARA DUTY-FREE LUNCH:				
Number Stu	udents in Wheelchairs:							
Number of	Staff:							
Time of Dep	parture from School:							
Class(es): _								
Teacher Name:				Bag Lund	ch Required?	Υ	N	
Teacher Email:				Permissi	on Slip of File?	Υ	N	
				Medical	Needs?	Υ	N	
			Des	cribe Medic	al Needs:			

FIELD TRIP ID# PDF____ EMAIL (For office use)