



FIELD TRIPS

PNP School Request for Approval of Field Trip 2025-2026

Name of School _____

Group or Class* _____

Teacher(s) _____

Place to be Visited
(Give physical address) _____

Purpose of Visit/Specific Learning
Activities (Attach Field Trip Implementation Plan) _____

Day(s) of Visit _____ Date(s) of Visit _____

Departure Time _____ Return Time _____ School Time Required _____

Number of Students* _____ Minimum Number of Chaperones Required _____
Student-to-Chaperone Ratio: 10 to 1

Chaperones
(First and Last Names) _____

Registration/Admission Cost (per Person) _____

Registration/Admission Cost (Total Group) _____

Type of Transportation ☐ School Bus/Van ☐ Rental Vehicle (12-passenger van only)

Cost of Transportation _____

To Be Submitted ***Immediately*** with the
completed Field Trip Request:

- Itinerary Details
- Transportation Proof of Liability

To Be Verified No Later Than ***3 Business Days Prior*** to Actual Date
of the Field Trip Experience:

- ☐ The PNP School agrees to collect and retain at the school:
Parent Approval Forms /Medical Release Forms - with signatures
(Mark the box to indicate the PNP School's assurance of the above directive.)

During the field trip, students and adults are expected to follow established protocols for safety and responsible behavior that comply with acceptable practices of HISD and the PNP School.

Signed: _____ Date: _____
Principal

Printed: _____
Principal

(Email this completed form and the **Field Trip Implementation Plan** to: ashley.leverett@catapultlearning.com)

APPROVAL:

Signed: _____ Date: _____
Catapult Learning Representative