



# P721R

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**Corinne Rello-Anselmi**  
*Deputy Chancellor*

**Kristin McHugh**  
*Principal*

**Kristen Dinoia, I.A.**  
**Linsey Miller**  
**Jacqueline Musumeci, I.A.**  
**Mike Pepe**  
*Assistant Principals*

**Ketler Louissaint**  
*Superintendent, District 75*

## FIELD TRIP REQUEST

Date: \_\_\_\_\_

Site: \_\_\_\_\_

For SINGLE DAY TRIP: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

For ONGOING TRIP: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Days: \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ R \_\_\_\_\_ F

Location: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Rationale: \_\_\_\_\_

Standards: \_\_\_\_\_

Number of Ambulatory Students: \_\_\_\_\_

PARA DUTY-FREE LUNCH: \_\_\_\_\_

Number Students in Wheelchairs: \_\_\_\_\_

\_\_\_\_\_

Number of Staff: \_\_\_\_\_

\_\_\_\_\_

Time of Departure from School: \_\_\_\_\_

\_\_\_\_\_

Time of Return to School: \_\_\_\_\_

\_\_\_\_\_

Class(es): \_\_\_\_\_

Bag Lunch Required? Y N

Teacher Name: \_\_\_\_\_

Permission Slip on File? Y N

Teacher Email: \_\_\_\_\_

Medical Needs? Y N

Describe Medical Needs: \_\_\_\_\_