

**FIELD TRIP**  
**FRANKLIN PIERCE SCHOOL DISTRICT**

**LIST OF PARTICIPANTS**  
**EXTENDED OR OVERNIGHT**

The students listed below are participating in an extended or overnight field trip:

Name of Group: \_\_\_\_\_

Staff Advisor \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Place of Lodging\* \_\_\_\_\_ Phone No. \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_

Return Date \_\_\_\_\_ Time \_\_\_\_\_

Type of Transportation \_\_\_\_\_

District Contact - Principal or Designee \_\_\_\_\_

School Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Student Name	Parent Name	Home Phone	Business Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
(Staff Advisor's Signature)

\_\_\_\_\_  
(Principal's Signature)

**\*If the group is going to a number of locations, attach a complete listing of locations and phone numbers.**

**COPIES OF BOTH SIDES TO: Principal, School Office, Staff Advisor**

