CENTRAL BUCKS SCHOOL DISTRICT
FIELD TRIP REQUEST —Board of School Directors Permission
For Major Metropolitan Areas (New York City, Washington, D.C.)

DATE of REQUEST **11/1/26**

PERMISSION IS REQUESTED TO FACILITATE A FIELD TRIP TO
DESTINATION(S) **Carlisle HS**
ADDRESS(ES) **623 W Penn St Carlisle PA**
DATE(S) **12/11 and 12/12**

NAME OF SCHOOL **EAST**
SCHOOL GROUP (Band, Debate, Sports Team, etc.) **Wrestling team (varsity only)**
NAME OF SCHOOL GROUP SPONSOR **Scarpill** SPONSOR SIGNATURE
NUMBER OF STUDENTS IN GROUP **50** NUMBER OF STUDENTS PARTICIPATING IN TRIP **15**
COST TO EACH STUDENT **0** PROVISION FOR THOSE UNABLE TO PAY

MEANS OF FUNDING TRIP **Team money**
NUMBER OF TEACHERS **4** NUMBER OF PARENTS ____ = TOTAL NUMBER CHAPERONES **4**

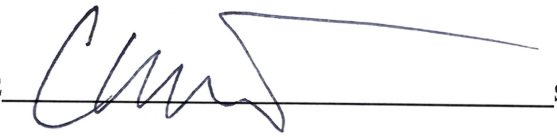
PARENT PERMISSION SLIPS FOR PARTICIPATING STUDENTS MUST BE ON FILE IN THE OFFICE OF THE PRINCIPAL PRIOR TO THE FIELD TRIP.

EDUCATIONAL PURPOSE FOR TRIP (Include objective, invitation, if applicable):
ITINERARY- FRI 12/11 Leave East 10am , check in hotel around 1pm, weigh in/wrestling 3pm, return to hotel 10
SAT 12/12 Weigh in 8am, wrestling 9am until 8pm, Dinner in Carlisle after, then back to East around 11pm.

PLEASE ATTACH A DETAILED ITINERARY.

TRANSPORTATION **Bus Company
Airline (Name of Carrier)
Other (Specify) **CB busses**

**Approved Private School Bus and Chartered Bus vendor verified by the Central Bucks Transportation Department.

PRINCIPAL SIGNATURE  **SCHOOL** CB East
DATE 11/2/26

BOARD PRESIDENT SIGNATURE **APPROVAL DATE**

Ver. Nov 2011A