



Field Trip Board Approval Form

Instructor: M. C. HERT

Date of Request: 2-12-19

Program: MFG

Session: AM ☒ PM ☐ Both ☐

Date(s) of Trip: 3.1.19

Time(s): 8:00-10:30

Number of students participating: 21

Destination: LeBOEUF MFG

Address: 402 Rt 97 Waterford PA

Mode of transportation: Bus

List of chaperones (where applicable):
None

Educational Rationale:
to see a left Fols shop procedure

Cost to students: _____ (Attach an itemized description if necessary)

Cost to Program: _____

Where applicable please attach itinerary.

Principal's Signature: Joseph Tamasvutal

Date: 2/12/19

Applicant's Signature: [Signature]

Date: 2-12-19

Board Approval Date: _____

