



Field Trip Request Form

Instructor: Alaina Litz Date of Request: 10.15.25

Program: STS Sub Required: YES / NO

Day and Date(s) of Trip: Dec. 18, 2025

Time(s): **AM Session:** _____ to _____

PM Session: _____ to _____

Time for **All Day:** 8:00 to 4:30

Number of students participating: AM: 8 ^(Level 12) PM: 23

Destination & Address: Kamin Science Center 1 Allegheny Ave

Mode of transportation: school bus

Transportation required for the duration of the trip? YES / NO

List of chaperones: Mariah Loutzenhiser, Marayla Newell

Educational Rationale: Explore science center, body works exhibits and sports medicine workshop

Cost to students: \$10 / student + *food money optional, can bring packed lunch
(Attach an itemized description if necessary)

Cost to ECTS: _____ ☐ Budget ☐ Enterprise

Where applicable please attach itinerary.

Principal's Signature: David Swanson Date: 10/15/25

Instructor's Signature: Alaina Litz Date: _____

Board Approval Date: _____
