

SEAFORD HIGH SCHOOL FIELD TRIP (72 HOUR) INFORMATION FORM



To The High School Faculty Day/Date of Trip: _____ The following _ students will be attending a field trip to: (course or group) Date Placed in Faculty Mailbox: _____ **Destination:** Departure Time: _____ Return Time: _____ Chaperones will be: _____ Chairperson's Signature: **Principal's Signature: Student Names** Grade **Student Names** Grade (Last name first) (Last name first)