

Wilton-Lyndeborough Cooperative School District
School Administrative Unit # 63
192 Forest Road
Lyndeborough, New Hampshire 03082
603-654-8088

Date Filed: _____ Date of Visitation: _____ (2nd choice) _____

Teacher/Staff Organizer: _____

Location to Visit (full address): _____

Time Leaving: _____ Time Returning _____ School: _____

Approximate # of Students: _____

Approved by:

Date Only: _____ # of subs required for coverage _____

Bus Company: _____ Transportation cost quote: _____

STOP:

Once top portion completed – remainder of form filled out and returned for Administrative Approval:

Educational Value of Visitation:

Total cost per student to attend: \$ _____ Other funding: _____

Principal Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____

School Nurse Notified: _____ Date: _____

Food Service Director Notified: _____ Date: _____