



CAIRO AMERICAN COLLEGE

| Field Trip Information | | |
|--|-----------------------------|--|
| Date Submitted*: | Grade: | Number of Students: Number of chaperones: |
| Curricular objectives / connections: | | |
| | | |
| Transportation* | | |
| Destination: | Departure time from CAC: | |
| Date of trip: | Destination departure time: | |
| Fees: | | |
| Lunch: Included <input type="checkbox"/> Not Included <input type="checkbox"/> | | |
| Contact Information/ Emergency | | |
| Trip coordinator name: | | |
| Trip coordinator contact number: | | |
| Dear Parents, please provide the following information. | | |
| <ul style="list-style-type: none"> - Medical needs for your child: - Emergency contact (in case needed): | | |
| Middle School Office contact number: +202 2755 5301 | | |

Principal's Signature

Trip coordinator's Signature

Parent's Signature

***Please submit form 1 week ahead of the trip date.**

***Note: CAC buses must be back on campus by 14:30.**