



Longmire Learning Center, Inc.

www.longmirelearning.com

Student's Name _____ Teacher's Name _____

Names of other adults participating or attending _____

Destination _____

Date of Trip _____ Day of week _____

Departure Time _____ Time of Return _____

Type of transportation _____ school van _____ rental van _____ parents

Cost per student _____ Send money by this date _____

Lunch arrangements _____ send lunch _____ lunch will be purchased/provided

Other information _____

Phone (979) 764-2718, Fax (979) 693-9461
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