

**MIAMI SOUTHRIDGE
CLASS COVERAGE FORM**
(This form must be completed for each chaperone)

FIELDTRIP SPONSOR: _____ DESTINATION: _____ TRIP DATE(S) _____ TO _____

Attach a class roster with teacher and room assignments for each class being covered.

TEACHER NAME: _____

PERIOD	TEACHER(S) PROVIDING COVERAGE	ROOM #
1	_____ _____ _____	_____ _____ _____
2	_____ _____ _____	_____ _____ _____
3	_____ _____ _____	_____ _____ _____
4	_____ _____ _____	_____ _____ _____
5	_____ _____ _____	_____ _____ _____
6	_____ _____ _____	_____ _____ _____
7	_____ _____ _____	_____ _____ _____
8	_____ _____ _____	_____ _____ _____

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