ESSEX COUNTY SCHOOLS OF TECHNOLOGY Field Trip Request Form 2018-2019

FIELD TRIPS MUST BE SUBMITTED FOR APPROVAL AT LEAST 30 DAYS BEFORE THE BOARD MEETING

REQUESTED BY (Full Name):					CLASS/ CLUB/ TEAM/GROUP: PERSON(S) SUPERVISING THIS TRIP (Phone No. or Ext.):			
SCHOOL/AGENCY:								
TRAVEL INFORMATION (Please include address AND contact number)								
DESTINATION: ADDRESS:								
CITY: STATE: ZIP CODE: PHONE#:								
DEPARTURE FROM SCHOOL					ALTERNATIVE DATE (or RAIN DATE)			
DATE:	DATE: TIME:				DATE: TIME:			
PICK UP FROM DESTINATION				PICK UP FROM DESTINATION				
DATE: TIME: Whenever!				DATE: TIME:				
MEANS OF TRANSPORTATION: (Check one) PRIVATE BUS SCHOOL BUS VAN OTHER/(DESCRIBE)								
TOTAL NUMBER OF STUDENT(S):					TOTAL NUMBER OF CHAPERONE(S):			
	9th	10th	11th	12th	_			
NO. OF STUDENTS:					NAME		PHONE #	STAFF
					11		/	PARENT OTHER
COST TO STUDENT		COST TO BOARD			2		/	STAFF PARENT OTHER
TRANSP. \$		TRANSP. \$						STAFF
ADMIS. \$		ADMIS. \$			3		/	
MEAL\$		SECURITY\$			4		/	STAFF PARENT OTHER
OTHER\$		OTHER\$						
TOTAL: \$		TOTAL: \$				Please use p. 2 for additional chaperones.		
ATTENTION: IS A DO	IWN PAYN	IENT/DEPOSIT		<mark>? IF SO, H</mark>	OW MUCH? BY WHE	<mark>N? – THIS II</mark>	NFO SOULD APPEAR ON REQ	
BOARD OF EDUCATION						S	CHOOL PRINCIPAL	
AUTHORIZED BY:					AUTHORIZED BY:			
(NAME) (DATE)						(NAME)		(DATE)
(NAME) (DATE)								

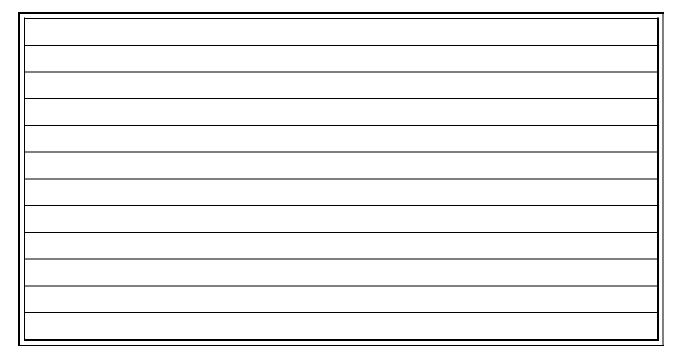
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NATURE AND GOALS OF FIELD TRIP

NARRATIVE SHOULD INCLUDE:

- EDUCATIONAL OBJECTIVES/STANDARDS ADDRESSED IN THE CLASSROOM INSTRUCTIONAL PLANS
- INSTRUCTIONAL FOLLOW-UP ACTIVITIES
- APPLICATION TO THE ACADEMIC AND VOCATIONAL AREAS

ARE SUPPORTING DOCUMENTS INCLUDED (e.g. Itinerary, Lesson Plans, Brochure, Activities, etc.)?



ADDITIONAL CHAPERONE(S):

