FIELD TRIP MUST BE SUMITTED FOR APPROVAL AT LEAST 45 DAYS BEFORE THE BOARD MEETING

|  |  |
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| REQUESTED BY (Full Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL/AGENCY: | CLASS/ CLUB/ TEAM/ GROUP:PERSON(S) SUPERVISING THIS TRIP (Phone No. or Ext.): |
|  |
|  TRAVEL INFORMATION (Please include address AND contact number)DESTINATION: ADDRESS:CITY: STATE: ZIP CODE: PHONE#: **\*\*Will there be any additional stops for food?** \_\_Yes \_\_\_No (If yes, please provide name and address) **\*\*Superintendent Approval**\_\_\_\_\_\_ |
| DEPARTURE FROM SCHOOL | ALTERNATIVE DATE (or RAIN Date) |
| DATE: TIME: | DATE: TIME: |
| PICK UP FROM DESTINATION | PICK UP FROM DESTINATION |
| DATE: TIME: | DATE: TIME: |
| **Transportation: (Check One) YES\_\_ NO\_\_ IF YES, WHAT TYPE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****OTHER/DESCRIBE- IF WHEELCHAIR ACCESSIBLE:** |
|  |
| TOTAL NUMBER IF STUDENT(S): | TOTAL NUMBER OF CHAPERONE(S): |
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|  | 9th | 10th | 11th | 12th |
| NO. OF STUDENTS: |  |  |  |  |
|  COST TO STUDENT |  COST TO BOARD |
| TRANSP. $ | TRANSP. $ |
| ADMIS. $ | ADMIS. $ |
| MEAL $ | MEAL $ |
| OTHER $ | OTHER $ |
| TOTAL: $ | TOTAL: $ |

 | NAME PHONE#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please use p.2 for additional chaperones.* |
| ATTENTION: IS A DOWN PAYMENT/DEPOSIT REQUIRED? IS SO, HOW MUCH? BY WHEN? – THIS INFO SHOULD APPEAR ON REQ |
|  SCHOOL PRINCIPAL |  SUPERINTENDENT |
| *AUTHORIZED BY:* | *AUTHORIZED BY:* |
|  (NAME) (DATE)  |  (NAME) (DATE) |

 NATURE AND GOALS OF FIELD TRIP

NARRATIVE SHOULD INCLUDE:

* EDUCATIONAL OBJECTIVE/STANDARDS ADDRESSED IN THE CLASSROOM INTRUCTIONAL PLANS
* INTRUCTIONAL FOLLOW-UP ACTIVITIES
* APPLICATION TO THE ACADEMIC AND VOCATIONAL AREAS

ARE SUPPORTING DOCUMENTS INCLUDED (e.g Itinerary, Lesson Plans, Brochure, Activities, etc.)? Yes No

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*ADDITIONAL CHAPERONE(S):*

NAME PHONE#

 5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 7\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 8\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 9\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 10\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_