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): |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_