ESSEX COUNTY VOCATIONAL TECHNICAL SCHOOLS
Field Trip Request Form

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

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	NAME PHONE#
TRANSP. $	TRANSP. $	1_____/_____
ADMIS. $	ADMIS. $	2_____/_____
MEAL $	MEAL $	3_____/_____
OTHER $	OTHER $	4_____/_____
TOTAL: $	TOTAL: $	*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)
SUPERVISOR	DIRECTOR OF CURRICULUM & INSTRUCTION
AUTHORIZED BY:	*AUTHORIZED BY:*
(NAME) (DATE)	(NAME) (DATE)

ESSEX COUNTY VOCATIONAL TECHNICAL SCHOOLS
Field Trip Request Form

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 ☐   ☐

ADDITIONAL CHAPERONE(S):

NAME   PHONE#

5_____/_____

6_____/_____

7_____/_____

8_____/_____

9_____/_____

10_____/_____