

FIELD TRIP REQUEST FORM
Submit completed form 4 weeks prior to trip.

Teachers: _____ Grade/Team: _____

Destination (Include Telephone No.): _____

Date of Trip: _____ School Departure Time: _____ School Arrival Time: _____

Inclement Weather Alternative Date: _____

No. of Students Attending: _____ No. of Chaperones: _____

No. of Students Remaining: _____

Staff Member Supervising Remaining Students: _____

What is the rationale relative to the curriculum for this trip?

What are the Instructional Unit Learning Standards addressed in this learning experience?

List the alternative learning activities for non-participating students, including cross-teamed students.

PLEASE COMPLETE THE BACK SIDE OF THIS FORM.

Cost of Admission: \$ _____

Method of Payment: \$ _____ Student Contributions
\$ _____ Budget Funds

Cost of Transportation: \$ _____

Method of Payment: \$ _____ Student Contributions
\$ _____ Budget Funds

Date

Teacher's Signature

Date

Principal's Signature

Date

Superintendent's Signature

Distribution (done by Office): _____ Receptionist _____ Nurse _____ Head Cook