

Field Trip Request

Check one: In-School Out of School Date of Trip: _____

Time Leaving: _____ Time Returning: _____ Periods Involved: _____

Destination: _____ Number of Students: _____

Teacher: _____ Department/Club: _____

Teacher(s) Accompanying Group: _____

How does the material presently being taught in the classroom tie with the field trip? _____

What specifically is the education objective of the proposed trip? _____

What arrangements will be made to cover teaching assignments? _____

If transportation is needed, make a selection: School Van(s) School Bus Chartered Bus

Signature of Trip Sponsor _____ Date: _____

For use of the Department Chair only

Recommend Approval Do Not Recommend Approval

_____ Date: _____

Department Chairperson Signature

For use of the Student Activities Director only

Approved/Date: _____ Not Approved/Date: _____

_____ Date: _____

Activities Director Signature

_____ Date: _____

Assistant Principal of Athletics and Activities