

WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT

**FIELD TRIP REQUEST NEEDING BOARD APPROVAL\***

Teacher:

Field Trip: Destination:

Address:  
(Required)

Date of Field Trip:

**\*Please complete and submit the attached form a minimum of six weeks in advance of a requested trip. This sheet will be returned to you if there are any questions.**

After approval of this trip, please be sure to give a list of participating students to all affected staff. Students will be assigned to the field trip and should not be reported absent from their regular classes scheduled during the time of the trip.

Please be sure to check the box if a substitute teacher is needed and what periods one is needed for:

Yes \_\_\_\_\_ No \_\_\_\_\_ Periods: \_\_\_\_\_

On the day of the trip report students who are absent from your field trip to the Attendance Office on a daily attendance form.

NOTE: Please list students in alphabetical order by Grade Level so that staff may easily identify students involved. **PLEASE minimize lost classroom instruction when planning departure times.**

Thank you.

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**BUS NEEDED**

Time of Pickup: \_\_\_\_\_ at \_\_\_\_\_ (school)

Departure Time from Site: \_\_\_\_\_

**NO BUS**

BOARD APPROVAL: YES: \_\_\_\_\_ NO: \_\_\_\_\_

(Information must be submitted for Board Approval 6 weeks in advance of trip)

REQUEST FOR APPROVAL OF FIELD TRIP

Teacher initiating request for approval: \_\_\_\_\_

School: \_\_\_\_\_

Date and Time of trip:	Departure from school	Date: _____	Time: _____
	Event begins:	Date: _____	Time: _____
	Return to school:	Date: _____	Time: _____

Purpose of field trip, including how it supports the educational goals of the district:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Major learning objectives to be achieved by students participating in the trip:  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

Description of evaluation procedure to be used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total number of students participating \_\_\_\_\_ (All names, addresses, phone numbers should be attached)

Point of departure and return: \_\_\_\_\_

Destination(s):  
(ADDRESS) \_\_\_\_\_  
(TELEPHONE #) \_\_\_\_\_  
Mode of Travel: \_\_\_\_\_

(Detailed travel itinerary should be attached.)

Arrangements for meals and lodging (if required): \_\_\_\_\_

(Continued)

### Supervision and Safety Precautions

Names, addresses, and phone numbers of adult supervisors accompanying students on trip:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated total cost of trip (including expenses of supervisors): \_\_\_\_\_

Estimated cost per student:

Travel: \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

Estimated total costs from each source:

From district: \$ \_\_\_\_\_

From student or family: \$ \_\_\_\_\_

Outside sources: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Remarks:

APPROVED BY:

\_\_\_\_\_  
Signature of teacher making request

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent of Schools  
(for Board of Education)

\_\_\_\_\_  
Signature of Building Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date