

WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT

FIELD TRIP REQUEST FOR LOCAL TRIPS

Teacher: _____

Field Trip: _____

Address:
(Required) _____

Date of Field Trip: _____

Please complete and submit the attached form a minimum of one week 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.

Thank you.

BUS NEEDED

Time of Pickup: _____ at _____ (school)

Departure Time from Site: _____

NO BUS

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 cost 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