

DAY FIELD TRIP REQUEST

FOR CENTRAL OFFICE USE ONLY

_____ Approved by SCBE
 _____ Not Approved by SCBE
 Date School Notified _____
 Person Talked To _____

In County Out of County Out of State Walking
 School _____ Teacher Requesting _____
 Number of Field Trips Taken This Year (Excluding System-Mandated Trips): _____

Grade _____ Date of Trip _____ Alternate Date _____ Round Trip Miles _____

Destination _____

Time Leaving School _____ Arrival Back Time _____

Transportation (please check one):
 School Bus Private Bus *Private Car Trolley Other (specify)

*Proof of Valid License and Car Insurance Must Be Shown

Number of Students _____ Ratio of Certified Personnel to Students _____

Names of Teachers Going: _____

Names of Parents/Other Chaperones: _____

Brief Description of Field Trip and Correlation to Curriculum (include value of the activity to the group, relationship to class instruction—such as objectives to be covered, whether this is an initial or culminating activity and suitability in terms of age level.) _____

Certification of Pre-Trip Planning Approved Disapproved

I certify that I will obtain written parental permission for each student who will take part in the trip, according to policy guidelines.

 Signature of Teacher Date

 Signature of Principal Date

Approved Disapproved

 Signature of Cafeteria Manager/Date

 Signature of Superintendent Date