Field Trip Request Form

School _____ Teacher _____

Date _____ Time Leaving _____ Time Returning _____

Participating Group of Students _____

Please provide the following information:

1. Description of out-of-district activity - Include location, distance from school, time structure, mode of transportation, number of students involved, and cost to parents.

2. Purpose of choice of activity - How will this experience provide added value in terms of student learning? Please be specific.

3. Uniqueness of experience? - How is this opportunity unique? How does this opportunity relate to other field trips in other classes and levels?

4. Impact on student learning in other classes - How will students be able to recoup missed instruction?

Health Room has been notified to provide necessary medication ____ yes ____ no

Approved by Principal _____ Date _____

Approved by Curriculum Coordinator _____ Date _____