FIELD TRIP REQUEST/INSTRUCTIONAL PLAN

INSTRUCTIONS

Prepare and submit via the principal to the Superintendent for approval at least six (6) weeks prior to the scheduling of an overnight field trip and two (2) weeks prior to the scheduling of a trip during school hours.

IDENTIFICATION

School ___________________________ Submitted by ___________________________

Group Taking Trip ____________________________________________________________

Destination 1 ________________________________________________________________

Departure
Date Time Location

Return
Date Time Location

Number of participating staff _____ Name(s) _______________________________________

____________________________________________________________________________

Is bus transportation needed? ______ Approximate number of miles round trip ______

Are substitutes needed? ______ Number of participating students ________________

Will consent forms be secured from all parents/guardians? ______________

INSTRUCTION OBJECTIVES (Be specific. Include prerequisites, proficiency level desired and measurement)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

ACTIVITIES

____________________________________________________________________________

____________________________________________________________________________

Preparation (How will the students be prepared for the trip as an instructional activity?)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

(Continued)
FIELD TRIP REQUEST/INSTRUCTIONAL PLAN (Cont'd.)

ACTIVITIES (Cont'd.)

On trip (What instructional activities will occur on the trip?)

__________________________________________________________________________________

__________________________________________________________________________________

Follow-up (Upon return, what activities will occur to enrich the experience and to determine if the objectives were achieved?)

__________________________________________________________________________________

__________________________________________________________________________________

CORRELATION (Name the subject matter area(s) to which the experiences of this trip will correlate; explain in what way the trip correlates)

__________________________________________________________________________________

__________________________________________________________________________________

PROVISIONS FOR CONTINUITY OF SCHOOL WORK

What instructional provisions have been made to help participants keep up with other classes that they will miss?

__________________________________________________________________________________

__________________________________________________________________________________

What specific plans have been made for the continued instruction of those students who will not participate in the field trip project?

__________________________________________________________________________________

__________________________________________________________________________________

(Continued)
FIELD TRIP REQUEST/INSTRUCTIONAL PLAN (Cont'd.)

PRINCIPAL’S REMARKS
Approved ___________  Not Approved __________

Signature

Date

Comments: ________________________________________________

SUPERINTENDENT’S REMARKS
Approved ___________  Not Approved __________

Signature

Date

Comments: ________________________________________________

Revised: 3/19/15
Student Field Trip Permission Form

Student Name ____________________________________________________________

Destination of trip _______________________________________________________

Date of trip ___________________________ Duration of trip _______________________

This trip is an optional school activity which must have the consent of the parent/guardian, teachers of classes that the student will miss, and the principal.

✓ Medical Information and Permission to be completed by parent/guardian:

Name of family doctor ______________________________________________________

Doctor’s phone number ______________________________________________________

Is your child taking any medication with him/her on the trip? Yes _________ No _________

If yes, what is the name of the medication and who is expected to administer this medication?

________________________________________________________

Should emergency medical services be required for your child during the trip, medical personnel will be contacted immediately. Please sign below if allowing your child to attend this trip.

________________________________________  ____________________________
Signature of Parent/guardian            Phone number                       Date