

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: _____

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*