FIELD TRIP REQUEST FORM

Teacher/Requester:		School/Class:					
Request Date:	Trip Date:	Destination:					
# of Students:	# of Teachers/Aid	# of Teachers/Aides:					
Purpose of Trip:		Course of Study:	Course of Study:				
Specific Learning Objec	tives to be accomplish	ned:					
Student Behaviors that v	will Confirm Achievem	ent of the Learning Objectives	:				
Course Objectives Related	ted to the Learning Ol	ojectives:					
Pre-Trip Lessons/Activit	ies to be done in the o	classroom:					
Post Trip Activities/Less	ons to reinforce/exten	d learning:					
	•	, conduct and evaluate the trip (A) and use the checklist for tri	and upon approval of the trip, I ps (2340 F3).				
Trip Approved:	Trip Disapproved:	Principal:	Date:				
Trin Approved:	Trin Disannroved:	Superintendent:	Date [.]				

PLEASE FILL OUT INFOMRATION ON REVERSE SIDE REGARDING YOUR TRIP

Transportation Information

(To be completed by the o	originator o	f the field trip)				
Trip Date:	Destina	Destination:				
Depart Time:	_AM / PM	Approx. Return Ti	me:	_ AM / PM		
# of Buses Requested:	(All tr	ips must return no l	ater than 2:30pm	n due to limited number of drivers		
Where are the buses to lo	ad / unload	ded:		(ex: front door, etc.		
Please indicate the numb	er of the fo	llowing required:				
Seatbelts:	Star Seats:	Whe	eelchairs:			
Will this be a shuttle? Yes	s/No If Y	es, please indicate	the drop off / pic	k up times:		
Please indicate if any other	er equipme	nt will be taken on	this trip such as o	coolers, tents, etc.		
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Approved/Scheduled by T	ransportat	ion:	Denied by ¹	Transportation:		
Transportation Signature:	-		·			

Original to Requester / Copy to School Office / Copy to Transportation