**APPLICATION FOR EDUCATIONAL FIELD TRIP**



**NOTE:** A minimum of 1 Field Trip per semester per grade is expected.

Field Trip forms **MUST** be received 2 weeks in advance of date to ensure timely approval.

*Teachers must complete form and forward to Principal for final authorization.*

*Principal must submit* ***completed*** *form to Education Officer. Incomplete forms will be returned for completion.*

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| **School(s):**  |       | **Date Submitted:**  |       | **Date of Field Trip:** |       |
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| **Departure time from school:**  | . | **Pick-up time from venue:** |       |
| **Return time to school:** |       |
| **Destination:**  |       |
| **Address:****(must be completed)** |       |
| **Notes:** |       |

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| **Teacher:**  |       | **Grade:**  |       | **No. of Pupils:**  |       |
| **Teacher:**  |       | **Grade:**  |       | **No. of Pupils:** |       |
| **Teacher:**  |       | **Grade:**  |       | **No. of Pupils:**  |       |
| **Teacher:**  |       | **Grade:**  |       | **No. of Pupils:** |       |
| **Teacher:**  |       | **Grade:**  |       | **No. of Pupils:** |       |

***Chaperone(s)*** *– Administrator or Designee must accompany all over night field trips* ***Chaperone(s***

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| **Name:** |  | **Position:****Guidelines****Elementary**PreK 1 adult/4 pupilsKdg. 1 adult/6 pupilsGr. 1 1 adult/8 pupilsGr 2/3 1 adult/12 pupilsGr 4 -8 1 adult/15 pupils  or 2/class of 25  **Secondary**Gr. 6-8 1 adult/15 pupils  or 2/class of 25 Gr. 9-12 Ratios to be  determined with Ed. Officer |
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| **Total Number of Participants (on bus):** |       |
| *Include additional field trip form if additional space is needed.* |

**Curriculum Alignment (Please indicate entire number(s):**

**GLE:**        **or Mo. Standard**

**Field Trip Goal/Objective:**

**Pacing Guide Lesson Alignment:**

**Academic Preparation Activities:**

\*Please refer to SLPS Board Policy #R6153

and Regulation R4770

**Academic Follow-up Activities:**

**Primary purpose of this field trip is to help achieve the indicated goal/lesson alignment by:**

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| **Lunch Plans if applicable:**  **←please click here** |
| If Lunch is purchased elsewhere, please list company below: |
|       |

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| **Transportation Type:**  **←please click here** |
| If Transportation is ordered/paid by department or company other than SLPS Education Office, please list below: |
|    |

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| **Teacher/Applicant Signature** |  | **Principal Signature** |  | **Education Officer Initial** |