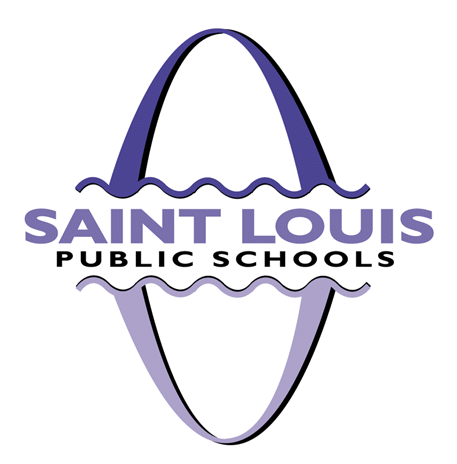
**APPLICATION FOR EDUCATIONAL FIELD TRIP**



**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.*

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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***

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Position:**  **Guidelines**  **Elementary**  PreK 1 adult/4 pupils  Kdg. 1 adult/6 pupils  Gr. 1 1 adult/8 pupils  Gr 2/3 1 adult/12 pupils  Gr 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:**

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

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

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