

Field Trip Request Form

*For the purpose of policy, a field trip is defined as a planned journey by one or more students away from the district premises, which is an integral part of a course of study and is under the direct supervision and control of a professional [Licensed] staff member or other advisor as designated by the superintendent.

Teacher: _____ Class/Grade: _____

Date of Trip: _____ Request Date: _____

Event: _____ Location: _____

Number of Students: _____ Number of Staff/Chairperson: _____

District Cost: _____ Funded by: _____

Cost to Student: _____ Funded by: _____

Means of Transportation: _____

Provisions:

1. The Director must sign this form at least three weeks in advance of the proposed field trip.
2. Teacher/advisor must obtain all applicable permission/release forms from each participant prior to leaving the school district for the event. A copy of each student's Emergency Medical Form must be in possession of the trip supervisor throughout the duration of the trip. The Nurse Supervisor must also be contacted regarding medical needs for field trip.

This field trip is part of the following unit: _____

This field trip will reinforce the following big idea: _____

This field trip will help students answer the following questions(s): _____

Staff Member: _____ Date: _____

Director/Multi-District Coordinator: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING CHECKLIST PRIOR TO TURNING THE FORM TO THE MULTI-DISTRICT COORDINATOR THREE WEEKS PRIOR TO THE DAY OF YOUR PROPOSED FIELD TRIP.

- _____ 1. I have scheduled any necessary transportation for the proposed trip through the DLSEC Multi-District Secretary.
- _____ 2. I have informed the building administration, food service director, related services, as well as all special area teachers of the scheduled trip well in advance.
- _____ 3. I have provided field trip information to parents/guardians well in advance. A copy of this information has been given to the Multi-District Coordinator.
- _____ 4. I am aware that a copy of each student's Emergency Medical form must be in my possession or the possession of another supervising teacher throughout the field trip.
- _____ 5. I understand that students may not be transported in private vehicles without the approval of the Executive Director.
- _____ 6. I have contacted the Nurse Supervisor regarding medical needs for all students who will be attending this field trip.
- _____ 7. I have notified the Multi-District Secretary of any special coverage (subs, etc.) that is required because of field trip.

Teacher Signature

Date