EXTENDED FIELD TRIP FORM

Staff Member(s) Responsible (Name and phone):

School and Program:

Date of Requested Trip:

1. What group is taking this trip?

2. Estimated # of Students: # Adult Supervisors:

3. Destination:

4. Date/Time of Departure:

5. Date/Time of Return:

6. State purpose and/or educational value of trip (attach information to form if needed).

7. Name the manner of travel and the carrier.

8. State housing arrangements (must include name, address and phone number of hotel).

9. List of coach, parent or guardian contact info.(Attach)
10. List participants (reminder to have participants complete parent/guardian permission form if applicable). (Attach)

11. Indicate who will be in charge of supervising the trip (roles and responsibilities).

12. State the safety precautions and procedures for emergencies while on the trip.

11. Give budget costs, how the trip will be funded and estimated cost per student.

12. List any proposed precautions, special needs, special concerns, student concerns, - if applicable.

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Signature of Staff Member Responsible:

Date field trip request was submitted to Principal:

Principal/Administrator Signature and Date:

Approved: Not Approved:

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Superintendent Signature and Date: ________________________________

Approved: ________________ Not Approved: ________________

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School Board Review Date: ________________________________

Approved: ________________ Not Approved: ________________