## FIELD TRIP REQUEST FORM

Policy 802

Person Requesting Field Trip:	Date Submitted:	
Date of Field Trip:	_ Destination:	
Class/Group Attending:	Number of Students: Teachers:	
Non-Employee Chaperones: Yes or No	Background Checks Completed: Yes or No	
Documentation Required:		
Permission Form Parent Travel Waiver	Medical Authorization Staff Medication/Allergy Training	
Cost of Field Trip Funded by: Corporation Scho	ol Club/Organization Other:	
TRANSPORTATION INFORMATION		
Vehicle Requested: White Bus Yellow Bus Van Explorer Other:		
Destination: Driv	ver: Cost: \$13.00/hr. plus fuel	
Departure Location:	Departure Time:	
Destination Arrival Time:	Mileage (One-Way):	
Return Departure Location:	Return Departure Time:	
Arrival Back at School Time:		
Overnight or Out of State Travel Required: Yes or	No Explain, if yes:	
State how this educational activity will meet the following 1. Is consistent with and promotes the educational Education	g criteria as defined by statute: philosophy and goals of this school corporation and the State Board of	

- 2. Facilitates the attainment of specific educational objectives
- 3. Is a part of the goals and objectives of an approved course or curriculum
- 4. Represents a unique education opportunity
- 5. Cannot reasonably occur without interrupting the school day

Approved by:	
Building Principal:	Date:
Superintendent:	Date: