

FIELD TRIP REQUEST FORM FOR MONROE COUNTY ISD CLASSROOMS

TO BE SUBMITTED TWO WEEKS PRIOR TO THE REQUESTED TRIP

Teacher: _____ Class: _____
Request Date: _____ Trip Date: _____ Destination: _____
Number of Students: _____ Number of Staff: _____ Number of Chaperones: _____
Teacher Cell Phone: _____ Wheelchairs: _____

Lunch Instructions:

Vehicles required:

Purpose of Trip:

Course of Study/IEP Goal:

Specific Learning Objectives to be Accomplished:

Course Objectives Related to the Learning Objectives:

Pre-trip Activities:

Post Trip Activities:

Cost of Trip: _____ Method of Transportation: _____ Cost: _____

I have utilized the guidelines in 2340A to plan, conduct and evaluate the trip and upon approval of the trip, I will obtain parental permission (Field Trip Permission Form on line).

Teacher Signature: _____

FIELD TRIP APPROVAL

Trip approved: Trip disapproved: Supervisor s/

Date: _____

Assistant Superintendent Signature: _____