Day Field Trip Request Form

Name of Class:					
Teacher/Sponsor:					
Number of Students:	_				
Name of Teacher with CPR/First Aid T	raining				
Destination:	_				
Date and Time of Trip:	Date	-		D (
	Date	Time	to	Date	Time
PART 1: Legitimate educational value must Fill out the following, be specific, use addition			g student	s out of c	asses for field trips.
Purpose:					
Describe how this activity supports district cu	ırriculum and	relates to your	proficien	ncies.	
What classroom activities have you planned	for follow-up?	(
PART 2: Transportation: Check all that apply. (*	Private Vehicle	es require addition	onal forms	s; see secr	etary of Athletics)
District School BusCommercial Bus	S	tudent Driver			
Adult Driven AutoSponsor Driver	P	arent Driver			
Commercial AirlinesOther (renta	al car, Van)	District Va	an		
		B			
Department Chair Approval		Date			
Administrative Approval		Date			
ATTENDANCE CLERK <u>MUST HAVE</u> THE ADVA	NCED ABSEN	CE LIST TWO I	DAYS BE	FORE THE	TRIP.
All trips that include restricted activities in Development, Activities, and Athletics and Dall pertinent information regarding the restrict the Director of Student Development, Activities school with the required signatures to indicate	istrict Directo ted activity, a ies, and Athle	or of Risk Man nd send this sh ctics at Wilcox.	agement. eet with . This sh	. Please a	attach a sheet listing nation attached to
Director of Student Leadership, Date Activities and Athletics	-	Director of Risk	k Managen	nent	Date

Information about Prohibited and Restricted Activities can be found in First Class>School Resources>Overnight Field Trips/Outdoor Ed>Prohibited & Restricted Activities Folder