

## STUDENT FIELD EXPERIENCE SPECIAL/UNIQUE APPROVAL REQUEST FORM

Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

***This form is to be completed and forwarded to the Assistant Superintendent's office for activities involving students in any school field experience defined as special or unique by policy.***

Category of Experience:  Special  Unique

Activity & Purpose: \_\_\_\_\_

Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_ # Instructional Days \_\_\_\_\_

Destination(s): \_\_\_\_\_

Travel Arrangements: \_\_\_\_\_

Source of Funding:  School  Student  Other

Cost to Student: \_\_\_\_\_

Fund Raising Details: \_\_\_\_\_

Sponsor(s): \_\_\_\_\_

Number of Students: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_

Supervision Provided By: (names/titles): \_\_\_\_\_

Accommodation: \_\_\_\_\_

**CHECK LIST: See back of this form.**

<i>Signature of Principal</i>	<i>Signature of Sponsor Teacher(s)</i>
<i>Signature of Assistant Superintendent – Approval in Principle</i>	<i>Signature of Assistant Superintendent – Final Approval</i>

copy 1 - Assistant Superintendent  
copy 2 - Principal

**ACTIVITY DESCRIPTION:**

Relationship to School Program(s): \_\_\_\_\_

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Educational Objectives: \_\_\_\_\_

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Brief Itinerary (*attach details if necessary*):

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**CHECK LIST (✓)**

1.  **Parent Consent and Waiver Forms (Special/Unique)** completed for all participants.
2.  Transportation - if parent volunteer drivers are used, the **Volunteer Driver Authorization Form (Form 623.1D)** must be completed by each volunteer driver.
4.  Medical alerts - all medical alerts and medical emergency information must be noted and appropriate provisions made.
5.  Participants List and Itinerary - a list of all participants is in the hands of supervisors and a copy is on file in the school office.
6.  Special/Unique Features - parents have been notified of any special activities the student will be expected to undertake and are aware of any known element of risk.