

JEWELL SCHOOL DISTRICT

Field Trip Request

Today's Date: _____

Date of Field Trip: _____

Staff Person(s): _____

Grade(s): _____

Field Trip Location: _____

Check the box that relates to the content area and/or curricular standards that will be addressed on the Field Trip:

Math English Reading Visual Arts Physical Fitness

Music Science Technology Foreign Language

Drama Health Social Studies Career Education

Pre-trip Activities:

SUB NEEDED

Unit of Study Visited Library On-line Research Class Discussion

Other _____

Post Trip Activities:

Journal Entry Writing Assignment Project Art Project

Other _____

Explain how the field trip will enhance the teaching of the state standards and the content curriculum in your classroom.

Meals \$ _____ Entrance Fees \$ _____ Est. Transportation Costs \$ _____

#Sack Lunches _____ Requestor's Field Trip # 1 2 3 Arrangements Complete _____

Vehicle Request to Vicki

Requisition of costs to Betsy B.

Add Event to Calendar

Minimum (3) weeks prior

Administrator

If form is not complete or turned in at least 3 weeks prior to trip, form will be returned back to you.

VEHICLE REQUEST FORM

DATE OF TRIP: _____

SUBMITTED BY: _____

DESTINATION: _____

VENDOR NAME: _____ **I-9 on File Yes__ No__**

Of Students _____ **# Of Adults:** _____ **Total:** _____

Depart From School _____

Bus Transportation Needed **Yes** ____ **No** ____

Cost for Each Pupil for Transportation _____

Name of Faculty Supervisors

Parent Chaperones

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Approved _____

Disapproved _____

Superintendent _____

Date _____