



**2340F1
FIELD TRIP REQUEST FORM
SINGLE DAY, IN-STATE TRIPS**

** Please submit completed and printed request to your building principal **two months** prior to trip date.
* Single day field trip times should fall between 9:15 and 2:30 to accommodate our regular bus routes.
If your request is outside of these times please contact the transportation department first.
* If approved, please notify the school cafeteria of date and number of student absences for this trip.
* Field Trip Evaluation Form 2340 F7 must be submitted to your principal within 2 school days after the trip is completed.*

Teacher _____ School: _____

Request Date _____ Trip Date(s) _____ Destination _____

Number of Students _____ Number of Staff/Chaperones _____

Purpose of Trip _____

For what course/content is this trip requested? _____

Instructional Objectives: Be specific, include standards, desired proficiency level, and how you will measure what standards and district curriculum goals the trip meets.

Preparation: How will the students be prepared for the trip as an instructional activity?

During the trip: What instructional activities will occur to enrich the experience and to determine if the objectives were met?

Follow-Up: Upon return, what activities will occur to enrich the experience and to determine if the objectives were achieved.

I have utilized the guidelines in 2340A to plan, conduct, and evaluate the trip. Upon approval of the trip, I will obtain parental permission (2340 F2 or F2A) and use the Checklist for Trips (2340 F3).

FIELD TRIP APPROVAL

Approved Disapproved Principal: _____ Date: _____

Approved Disapproved Supt: _____ Date: _____

TRANSPORTATION DETAILS

TRIP DATA: To be completed by Teacher / Trip Leader

Teacher / Trip Leader: _____ School: _____

Purpose of Trip: _____

Number of students: _____ Number of Staff/Chaperones: _____

Destination and address:

Departure Date: _____ **Departure Time:** _____

Return Arrival Date: _____ **Return Arrival Time:** _____

Is WCS Transportation needed? Yes No **Is wheelchair access needed?** Yes No

BUS DRIVER REPORT: To be completed by the Transportation Department

This is to certify that the above trip was made and to request payment under the Board of Education policies.

Date: _____ Bus Number: _____ Total time of trip: _____

Odometer reading at start of trip: _____ End of trip: _____

Start time: _____ Return Time: _____

Total miles traveled on this trip: _____ Total gallons of gas used: _____

Remarks:

Driver's Signature

Distribution:

1 copy to each of the following: Bus, Transportation Supervisor, Originator after assignment of buses.

Field Trip Number: _____