

Worcester County Field Trip Request

MUST BE COMPLETED AND FORWARDED IN DUPLICATE TO THE ASSISTANT SUPERINTENDENT'S OFFICE AT LEAST 30 DAYS BEFORE DEPARTURE. THIS FORM WILL BE RETURNED TO THE HOME SCHOOL WITHIN 5 DAYS.

Curriculum supported by this trip (indicate one or primary and secondary if more than one):

<input type="checkbox"/> READING/ILA/ENGLISH <input type="checkbox"/> MATHEMATICS <input type="checkbox"/> SCIENCE <input type="checkbox"/> SOCIAL STUDIES
<input type="checkbox"/> OTHER (must be written in) _____

<input type="checkbox"/> Overnight Field Trip* _____ *Administrator Attending

OR

<input type="checkbox"/> Day Field Trip

School _____ Teacher In-charge _____ # Chaperones _____

Grade Level(s) _____ Number of Students _____ Cost to Student \$ _____

Destination(s) _____ Date(s) of Trip _____

Departure Place/Time _____ Return Place/Time _____

Transportation Type/County or Company Providing _____

Please be explicit, attach appropriate extensions or supporting information:

<u>Instructional Objectives</u>
<u>Before Trip Activities</u>
<u>During Trip Activities</u>
<u>After Trip Activities</u>

Request Date _____

Signature of Teacher _____

Approval Date _____

Signature of Principal _____

Approval of: Supervisor/Coordinator: _____ Date: _____

Assistant Superintendent: _____ Date: _____

Superintendent: _____ Date: _____

Board of Education: _____ Date: _____
(If Applicable)