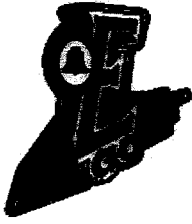


Elmira City School District



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FIELD TRIP REQUEST/INSTRUCTIONAL PLAN

INSTRUCTIONS

Complete and submit to the Principal at least fourteen (14) days prior to any proposed day field trip not involving one-way travel outside a sixty-mile radius of the District Offices as measured in a straight line.

Complete and submit to Principal at least sixty (60) days prior to any proposed overnight field trip and/or field trip that exceeds the Study Trip limits set forth in Board Policy 8460, including those that involve more than one night's stay in any location, air travel, and/or one-way travel outside a sixty-mile radius of the District Offices as measured in a straight line.

IDENTIFICATION

School _____ Submitted by _____

Submission Date _____ Funded by _____

Destination _____

Departure _____
Date _____ Time _____ Location _____

Return _____
Date _____ Time _____ Location _____

If overnight stay is involved, name and phone number of the place of lodging _____

Number of participating staff _____ Name(s) _____

Number of participating students _____ min _____ max

What expenses will each student incur, and how will expenses be funded? _____

Is bus transportation needed? _____ Approximate number of miles (one way, straight line) _____

Are substitutes needed? _____

Are chaperones needed? _____ How many? _____

If chaperones are needed, submit names and cell phone numbers at end of form.

Elmira City School District



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FIELD TRIP REQUEST/INSTRUCTIONAL PLAN (Cont'd)

INSTRUCTION OBJECTIVES (Be specific - include prerequisites, proficiency level desired and measurement.)

ACTIVITIES

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

On trip (What instructional activities will occur on the trip?)

Follow-up (Upon return, what activities will occur to enrich the experience and to determine if the objectives were achieved?)

CORRELATION (Name the subject matter area(s) to which the experiences of this trip will correlate; explain in what way the trip correlates.)

Elmira City School District



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FIELD TRIP REQUEST/INSTRUCTIONAL PLAN (Cont'd)

PROVISIONS FOR CONTINUITY OF SCHOOL WORK

What instructional provisions have been made to help participants keep up with other classes that they will miss?

What specific plans have been made for the continued instruction of those students who will not participate in the field trip project?

PRINCIPAL'S REMARKS

Approved _____ Not Approved _____

Signature _____ Date _____

Comments: _____

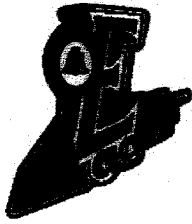
SUPERINTENDENT'S REMARKS

Approved _____ Not Approved _____

Signature _____ Date _____

Comments: _____

Elmira City School District



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FIELD TRIP REQUEST/INSTRUCTIONAL PLAN (Cont'd)

BOARD DECISION (for trips exceeding limits per District Policy 8460)

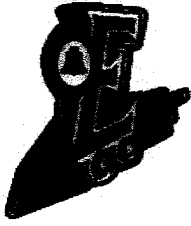
Approved _____ Not Approved _____

Signature _____

Date _____

Comments: _____

Elmira City School District



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FIELD TRIP REQUEST/INSTRUCTIONAL PLAN (Cont'd)

CHAPERONES

<u>Name</u>	<u>Cell Phone Number</u>

CHECKLIST

Have arrangements been made with all staff members affected? _____

Have all teachers and chaperones provided cell phone numbers? _____

Have signed Field Trip Parent/Guardian Consent/Medical Information Forms (8460F.1) been collected? _____

Have medical accommodations been made for students who need such? _____

Has Emergency Response Plan been completed? _____

REMEMBER that students must carry yellow cards containing emergency contact information at all times during field trip.

Elmira City School District



2015

8460F.1

FIELD TRIP PARENT/GUARDIAN CONSENT/MEDICAL INFORMATION

Dear _____,

Your child's class has scheduled a field trip activity on _____ to
(date)

_____ (destination)
The group will be leaving at _____ a.m./p.m. and plans to return at _____ a.m./p.m. on
_____.

Please sign and return the attached form by _____
(date)

Sincerely,

Teacher or Principal

FIELD TRIP PARENTAL CONSENT

I hereby give permission for my child, _____
(child's full name)

to participate in a school sponsored education field trip to _____
(place)

I understand that my child will leave on _____,
(date) (time)

and is expected to return on _____,
(date) (time)

MEDICAL INFORMATION

Name of family doctor _____

Doctor's phone number _____

Is your child taking any medication with him/her on the trip? _____

If so, what is it and who is expected to administer this medication? _____

Name of Emergency Contact _____ Telephone No. _____

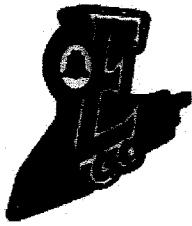
Should emergency medical be required for your child during the trip, medical personnel will be contacted immediately.

(Signature of Parent/Guardian)

(Telephone No.)

(Date)

Elmira City School District



2015

8460F.2

TRANSPORTATION REQUEST

INSTRUCTIONS

- 1) Requests must be submitted prior to each trip and sent to the Transportation Department via the principal.
- 2) A separate request form must be filled out for each trip.
- 3) Principal should send two copies to Transportation.
- 4) One copy will be returned by Transportation following approval.

THIS SECTION TO BE COMPLETED BY PRINCIPAL

Date Of Trip:	School:	Destination:	
Departure Time From School:	Return Time To School:	Group:	
Number of Riders:	Teacher in Charge:	Date Submitted:	Charge To:
Comments: (Include all Directions or Special Instructions)			
<hr/>			
<hr/>			
<hr/>			
Approved By:		Title:	Date Approved:

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Date Received	Vehicle: <input type="checkbox"/> Van <input type="checkbox"/> Bus <input type="checkbox"/> Coach	
Comments:		
<hr/>		
<hr/>		
<hr/>		
Approved by:	Title:	Date Approved: