

SCHROON LAKE CENTRAL SCHOOL
Field Trip Request Form

Teacher's Name, _____ Proposed date of trip _____
Grade/Subject/Group _____ No. of Students, _____ Adults _____
Destination _____
Contact person at destination _____ Phone _____
Departure time _____ Approximate time of return _____

Purpose: How does the field trip relate to what the students are studying?

Preparation: Indicate how students will be educationally prepared for trip.

Follow-up: Indicate what activities you're planning for students as a follow-up to the field trip.

Remember:

1. A parental permission form is required for each student participating in the trip.
2. Notify other teachers at least two (2) school days in advance so that they'll know which students will be away.
3. leave a list in the office before, departure of all pupils, faculty and others making the trip.
4. Medical clearance for all students attending through the school nurse.

Approved: Superintendent _____ Date: _____