Field Trip Approval Form

Teacher _____ Date of Request _____

Date of Trip _____ Departure time for trip _____

Substitute needed? Yes No Return time for trip _____

Destination _____

Class taking field trip _____ Number of Students _____

Type of Transportation Needed: Activity Bus (15 passengers) School Bus (66 passengers) Other _____

The field trip meets which Indiana Standard? _____

Describe how the field trip will enhance classroom instruction:

How will you assess student learning from the activity? Please attach a copy of worksheet, quiz, or rubric used for assessment.

_____ Field Trip Approved _____ Field Trip Denied

_____
Principal's Signature

_____
Date Signed

_____
Superintendent's Signature

_____
Date Signed