

## Worcester County Field Trip Request

MUST BE COMPLETED AND FORWARDED IN DUPLICATE TO THE ASSISTANT SUPERINTENENT'S OFFICE AT LEAST THIRTY (30) DAYS BEFORE DEPARTURE. THIS FORM WILL BE RETURNED TO THE HOME SCHOOL WITHIN FIVE (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
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School \_\_\_\_\_ Teacher In-charge \_\_\_\_\_ # Chaperones: \_\_\_\_\_

Grade Level (s) \_\_\_\_\_ Number of Students \_\_\_\_\_ Cost to student: \$ \_\_\_\_\_

Destinations(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)