

PIQUA CITY SCHOOLS

FIELD TRIP REQUEST FORM

Teacher(s) _____ School/Class _____
Request Date _____ Trip Date _____ Destination _____
of Students _____ # of Staff/Chaperones _____ Did you notify the head cook well in advance? _____
___We need bus transportation for this trip. ___We need van transportation for this trip. ___This is a walking trip.

I have worked with officials from our trip destination, administrators, transportation dept., teachers, school nurse, parents, and students to ensure provisions have been made at the trip destination and with transportation, if and when required, to accommodate students and/or chaperones with disabilities (no trip will be approved without this process being thoroughly completed).

___Yes ___No By checking 'Yes' you affirm that ALL students and chaperones have safe and equal access to attend this field trip.

If accommodations are necessary, please write the plan in this space. Use the back of this form if you need more space. Thank you.

Purpose of Trip _____

Specific Learning Objectives to be Accomplished:

Student Behaviors that will Confirm Achievement of the Learning Objectives:

Pre-Trip Lessons/Activities to be done in the Classroom:

Post Trip Activities/Lessons to Reinforce/Extend Learning:

I have completed all planning points outlined in this form and will obtain parental permission for this field trip.

Teacher(s) signature(s) _____ Date: _____

Field Trip Approval

Trip Approved: _____ Trip Disapproved: _____ Principal: _____ Date: _____

Trip Approved: _____ Trip Disapproved: _____ Superintendent: _____ Date: _____