

**FIELD TRIP REQUEST**

**(All Overnight trips are subject to Superintendent and Board of Education Approval)**

School: \_\_\_\_\_ Date: \_\_\_\_\_

Requested by: \_\_\_\_\_ Department: \_\_\_\_\_

Destination: \_\_\_\_\_ Date of trip: \_\_\_\_\_

Departure time: \_\_\_\_\_ Approx. time of return: \_\_\_\_\_

Number of students involved: \_\_\_\_\_ Number of chaperones: \_\_\_\_\_

Teachers attending:	Substitute needed:	
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If a substitute is needed, please fill out a PD-4 Form  
(Professional Day and Expenditure Request Form)**

Type of transportation: \_\_\_\_\_

Expense to students: \_\_\_\_\_ Expense to school system: \_\_\_\_\_

Specific Content/Unit(s) the field trip supports: \_\_\_\_\_

Describe how student learning will be assessed: \_\_\_\_\_

Standards addressed (list by number and code – ex. CCSS:MP1):  
\_\_\_\_\_  
\_\_\_\_\_

Written Objectives/Relationship to curriculum: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If approved, both the field trip activity and assessment need to be put into Atlas.**

Approved by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Principal's Signature Director of Curriculum

**CENTRAL OFFICE USE ONLY**

Approved  Disapproved

\_\_\_\_\_  
Superintendent or Designee's Signature Date