



**PART IV: EDUCATIONAL INFORMATION**

Support Educators Needed?     Yes     No    Dates Needed: \_\_\_\_\_

Will School Lunch be Affected?     Yes     No    If yes, how? \_\_\_\_\_

Cost Per Pupil: \_\_\_\_\_

How Will Funds Be Raised? \_\_\_\_\_

For Overnight Trips, Please Give Arrangements For Meals And Lodging:  
(Needs Superintendent Approval) \_\_\_\_\_

Proposed Adult Chaperones: (Please List) \_\_\_\_\_

**FOR THOSE REQUESTING THE FIELD TRIP, Please Attach the Following:**

- |  |  |
|--|--|
| <input type="checkbox"/> How does this fit into the Curriculum?                      | <input type="checkbox"/> Plans for Students' Accountability for Behavior |
| <input type="checkbox"/> Plans for Pre and Post Activities                           | <input type="checkbox"/> Plans for Emergencies                           |
| <input type="checkbox"/> Itinerary   | <input type="checkbox"/> Plans for Inclement Weather                     |
| <input type="checkbox"/> Plans for Providing Parents and Chaperones with Information | <input type="checkbox"/> Plans for Medication Administration             |
| <input type="checkbox"/> Permission Slip   | <input type="checkbox"/> Class Roster (Names of Students Participating)  |
|  | <input type="checkbox"/> List of Proposed Adult Chaperones               |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Field Trip Approval by Principal/Supervisor:**

Signature Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Overnight or Out of State Approval by Superintendent:**

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_