

REQUEST FOR FIELD TRIP

Date _____

1. Teacher and/or class requesting field trip _____

2. Date of proposed trip _____

3. Destination _____

Departure Time _____ Return Time _____

4. Activities to be observed/planned _____

5. In your words relate this field trip to a unit of study pertinent to your grade/course.

Performance Standard _____

Knowledge Standards _____

CSIP Relationship _____

6. Number of supervisors (teacher responsible for engaging satisfactory supervisors)

Grade Level

K - 3

4 - 6

7-12

Supervisor Ratio

5 - 1

6 - 1

8 - 1

Approved _____ Disapproved _____ Principal _____

Approved _____ Disapproved _____ Superintendent _____

ACCIDENT REPORT

Name _____ Age _____ Sex _____

Address _____ Grade _____

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Date and Time of Accident _____

Nature of Injury and First Aid _____

Description of the Accident _____

Supervisor Present _____

School Insurance Yes _____ No _____

Date of Report _____

Report Prepared By _____

Signature and Title

Principal

INCIDENT REPORT

Student _____ Date _____

Description of incident, behavior noticed, people involved, reoccurrence, time and dates.

Referral to Principal _____ Superintendent _____ Counselor _____

Parent contacted Yes _____ No _____ Teacher _____

Comments/Actions by person receiving this referral

Signature

