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)

☐ Reading/ILA/English ☐ Mathematics ☐ Science ☐ Social Studies
☐ OTHER (Must be written in) ___________________________________________________________

☐ Overnight Field Trip* OR ☐ Day Field Trip

*Administrator Attending

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.

Instructional Objectives

Before Trip Activities

During Trip Activities

After Trip Activities

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)