**Field Trip Activity Form**

Planning for a field trip is essential to enhance and connect learning that is being conducted in the classroom to real events. Prior to any reservations made for a field trip, this form must be completed, submitted and approved by the principal and appropriate central office personnel.

Teacher’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Trip Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Proposed Field Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of field trips your students have taken this year\_\_\_\_\_\_\_

**Please check one of the following**:

[ ]  This field trip is on the approved field trip list at the appropriate grade level.

[ ]  This is an out-of-state field trip.

**Mode of transportation:** [ ]  School bus [ ]  Charter bus

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| --- |
| Explain how this field trip is **aligned** to the Alabama Course of Study Standards: |
| List planned activities **prior** **to** the proposed field trip: |
| List planned activities **during** the proposed field trip: |
| List **closure** activities planned once students have returned to school: |

**Nurse required?** [ ]  Yes [ ]  No [ ]  Undecided (*determined by final roster*) Nurse’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Teacher will provide an accurate student roster of attendees to nurse two weeks prior to field trip.**  ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Teacher Signature

[ ]  Approved [ ]  Not Approved Principal’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Field trips MUST have the approval of the principal and Elementary or Secondary Education Director.**[ ]  Approved [ ]  Not Approved Director’s Signature: |
| **All out-of-state field trips must be approved by the principal and Superintendent.**[ ]  N/A [ ]  Approved [ ]  Not Approved Superintendent’s Signature: |