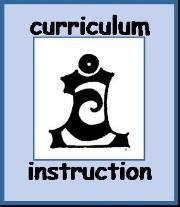
## FIELD TRIP ACTIVITY FORM



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 mark the appropriate boxes below**:

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

This is an out-of-state field trip.

Bookkeeper’s approval of funds available\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| 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 principal and Elementary or Secondary Education Director.**

N/A  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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_