

REGIONAL SCHOOL UNIT #20

IJOA-E

Belfast · Belmont · Frankfort · Morrill · Northport
Searsmont · Searsport · Stockton Springs · Swanville

FIELD TRIP REQUEST

School:	Date:
Grade(s) or Class(es)	Teacher(s):
Destination:	Date of Field Trip:
	Day: ___ Overnight: ___ Out-of-State: ___
Time of Departure:	Date and Time of Return:
COST OF TRIP: Transportation (# mi. x \$3.25) _____ Fees _____ Other _____ TOTAL _____	Number of Students Attending: Percent of Class Attending: # of Chaperones: Adult/Student Ratio:
PAYMENT OF TRIP: * Budgeted _____ * Fundraising _____ * Grants _____ * Student Fee _____ * Other _____ TOTAL _____	Will students be able to participate regardless of ability to pay? Yes _____ No _____
Curriculum and Maine Learning Results Standards:	
Intended Learning Outcomes:	
List Itinerary (may be attached to this form).	
Approved by the Principal:	Date:
Approved by the Superintendent:	Date:
Approved by the Board of Directors (if required):	Date:
<p>*Note: If the field trip requires approval from the Board of Directors, it is expected that the teacher(s) will report to the Principal after the trip. The report shall include a summary of the effectiveness of the experience with regard to Intended Learning Outcomes and any problems or concerns occurring on the trip. The principal shall forward a narrative of the report to the Superintendent and Board of Directors.</p>	