AUBURN PUBLIC SCHOOLS - FIELD TRIP REQUEST FORM

School: Teacher:			Princ			
RE:	FIELD TRIP PROPOSAL					
Title o	of Field Trip:					
Class or Grade Participating:			Number of Students:			
Date(s):			Times: Leave at:		Return at :	
Place	:					
This f	ield trip will accomplish curricul	um enhar	ncement in the following a	areas (p	lease check all that apply):	
	Mathematics		Science		English Language Arts	
	History/Social Studies		Physical Education		The Arts	
□ Pleas	Technology se list the specific standards this	Other (please explain on the reverse side) s trip will address:				
	culum Area/Standard:	•				
Currio						
	e note both pre and post trip ad				urriculum integration:	
Post-	trip Activities:					
	ture of the building principal sig be completed in its entirety, alc				ntegration into the curriculum. This form	
Principal's Signature			Supe	Superintendent's Signature		
need [be pr	ed.] School Nurse please initial th ovided to identified staff for me] School Nurse please initial th	at you ha	ve reviewed medical nee or treatments. ve reviewed medical nee	eds and eds. Lea	determined no nurse coverage is appropriate delegation and training will ad nurse is aware and coordinating	
Scho	ol Committee Chairperson for c	vernight a	and out-of-state day trips			
Cost	of Trip:	Fund				
Trans	sportation by:		Name	e of Car	rier:	
Adult	s participating (min. 10-1 ratio r	equired; 4	-1 at Elementary level):			
	naperones have been CORI cho					
*					tee for out-of-state field trips only) py of the notice to parents,	

permission slip and any other pertinent accompanying documentation.

Cancellation Policy: The Superintendent reserves the right to cancel an approved field trip up until the time of departure. In the event of a cancellation, the school system is not responsible for any expenses incurred. The individuals coordinating the trip need to ensure that all parties are aware of this policy.