

**SOUTHERN CAYUGA CENTRAL SCHOOL DISTRICT  
FIELD TRIP REQUEST/INSTRUCTIONAL PLAN  
FIELD TRIP DURING SCHOOL DAY**

**INSTRUCTIONS**

Prepare and submit via the Principal to the Superintendent for approval at least three (3) weeks prior to the scheduling of a trip during school hours.

**IDENTIFICATION**

School \_\_\_\_\_ Submitted by \_\_\_\_\_

Destination \_\_\_\_\_

Departure \_\_\_\_\_  
Date Time Location

Arrival time back at school \_\_\_\_\_

Return \_\_\_\_\_  
Date Time Location

Number of participating staff \_\_\_\_\_ Name(s) \_\_\_\_\_

Number of volunteers \_\_\_\_\_ Name(s) \_\_\_\_\_

Grade level(s) \_\_\_\_\_ Number of students attending \_\_\_\_\_

Is bus transportation needed? \_\_\_\_\_ Approximate number of miles round trip \_\_\_\_\_

Are substitutes needed? \_\_\_\_\_ Are lunches needed? \_\_\_\_\_

**Consent forms must be secured from all parents/guardians**

**INSTRUCTION OBJECTIVES**

*(be specific; include prerequisites and when unit of study taught in the classroom)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ACTIVITIES**

*(List activities students will engage in)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FIELD TRIP REQUEST/INSTRUCTIONAL PLAN  
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**PRINCIPAL'S REMARKS**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments

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**SUPERINTENDENT'S REMARKS, if needed**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments

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October 2018

**SOUTHERN CAYUGA CENTRAL SCHOOL DISTRICT  
FIELD TRIP PARENT/GUARDIAN CONSENT/MEDICAL INFORMATION  
FIELD TRIP DURING SCHOOL DAY**

Dear \_\_\_\_\_,

Your child's class has scheduled a field trip activity on (date) \_\_\_\_\_ to  
(destination) \_\_\_\_\_. The  
group will be leaving at \_\_\_\_\_ am/pm and plans to return at \_\_\_\_\_ am/pm on  
\_\_\_\_\_.

Please sign and return the attached form by (date) \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Teacher or Principal

**FIELD TRIP PARENTAL CONSENT**

I hereby give permission for my child (child's full name) \_\_\_\_\_,  
to participate in a school-sponsored education field trip to (place) \_\_\_\_\_.  
I understand that my child will leave on (date) \_\_\_\_\_,  
at (time) \_\_\_\_\_ and is expected to return on (date) \_\_\_\_\_,  
at (time) \_\_\_\_\_.

**MEDICAL INFORMATION**

Name of family doctor \_\_\_\_\_

Doctor's phone number \_\_\_\_\_

Is your child taking any medication with him/her on the trip? \_\_\_\_\_

If so, what is it and who is expected to administer this medication? \_\_\_\_\_

Should emergency medical services be required for your child during the trip, medical personnel will be contacted immediately.

Signature of parent/guardian \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

Date \_\_\_\_\_

**SOUTHERN CAYUGA CENTRAL SCHOOL DISTRICT  
FIELD TRIP PACKET – DURING SCHOOL DAY  
TRANSPORTATION REQUEST**

**Group Name** \_\_\_\_\_ **Trip Date** \_\_\_\_\_ **Destination** \_\_\_\_\_

**TRANSPORTATION  
REQUEST**

**INSTRUCTIONS**

1. Requests must be submitted at least three (3) weeks prior to each trip.
2. Attach student list (teacher to keep copy of Field Trip packet).
3. An approved copy will be returned by transportation department.

**THIS SECTION TO BE COMPLETED BY TEACHER/PRINCIPAL  
\*COMPLETE A SEPARATE REQUEST FOR EACH TRIP\***

|                            |                       |                                     |           |
|----------------------------|-----------------------|-------------------------------------|-----------|
| Date of Trip               | School/Group          | Destination                         |           |
| Departure Time from School | Return Time to School | Dismissal Time to Bus for Departure |           |
| Number of Riders           | Teacher in Charge     | Date Submitted                      | Charge To |

Comments (include all directions or special instructions)

|             |                |               |
|-------------|----------------|---------------|
| Approved by | Title/Building | Date Approved |
|-------------|----------------|---------------|

**THIS SECTION TO BE COMPLETED BY TRANSPORTATION  
DEPARTMENT**

|               |   |
|---------------|---|
| Date Received | Vehicle: <input type="checkbox"/> Van <input type="checkbox"/> Bus <input type="checkbox"/> Coach |
|---------------|---|

Comments

|             |       |               |
|-------------|-------|---------------|
| Approved by | Title | Date Approved |
|-------------|-------|---------------|

## **Field Trip Procedures (Trips During School Hours)**

### **ALL STEPS TO BE COMPLETED THREE (3) WEEKS PRIOR TO TRIP**

Teacher discusses field trip with Principal and checks bus availability.

Teacher notifies parents/guardians of upcoming trip and requests volunteers if needed.

Teacher submits completed Field Trip Request three (3) weeks prior to trip.

Volunteer(s) submit online volunteer application three (3) weeks prior to the trip.

Teacher approved volunteer(s) are listed on the Field Trip Request.

Teacher submits transportation form to principal.

Principal approves field trip & designated volunteers three (3) weeks prior to trip.

Principal forwards request to transportation department.

### **ALL STEPS TO BE COMPLETED TWO (2) WEEKS PRIOR TO TRIP**

Teacher notifies parents/guardians a second time of the trip by sending home Parent/Guardian Consent/Medical form.

Teacher obtains parent/guardian written permission, including medical/emergency information and contact information for each student.

Teacher notifies cafeteria, if not planning to eat at school. Requests lunches for those needing one.

Teacher collects any fees.

### **ALL STEPS TO BE COMPLETED ONE (1) WEEK PRIOR TO TRIP**

Teacher submits all medical forms to nurse for review.

Teacher makes final arrangements.