

Brief description of all proposed field trips (detail form) to be sent to the Superintendent by the ***First Week in October.***

West Irondequoit Central School District

Request for Preliminary Approval
OVERVIEW OF PROPOSED FIELD TRIP

FIELD TRIP TO: _____

DATES OF FIELD TRIP: _____

REGISTRATION DEADLINE: _____

CANCELLATION DEADLINE: _____

ARRANGED BY: _____
(Faculty/Staff Name)

TOUR GROUP/AGENCY (if used): _____

GROUP/CLUB: _____

NUMBER OF PARTICIPANTS: _____

NUMBER OF CHAPERONES: _____

TRIP INSURANCE: Yes No

REIMBURSABLE:		<u>YES</u>	<u>NO</u>
	Conference Registration	<input type="checkbox"/>	<input type="checkbox"/>
	Hotel	<input type="checkbox"/>	<input type="checkbox"/>
	Transportation	<input type="checkbox"/>	<input type="checkbox"/>

Preliminary Approval of the Superintendent:

Signature

Date