

West Irondequoit Central School District

REQUEST FOR APPROVAL OF FIELD TRIP

Teacher/Administrator initiating request for approval: _____

School: _____

Name of School Club, Activity or Team etc.: _____

1. Date and Time of trip: Departure from school: Date: _____ Time: _____
 Event begins: Date: _____ Time: _____
 Return to school: Date: _____ Time: _____

2. Purpose of field trip, including how it supports the educational goals of the district:

3. Major learning objectives to be achieved by students participating in the trip:
1. _____
2. _____
3. _____

4. Description of evaluation procedure to be used:

5. Total number of students participating _____ (All names, addresses, phone numbers should be attached)

6. Point of departure and return: _____

7. Destination(s): _____

Address: _____

Telephone: _____

Mode of Travel: _____

Trip (cancellation) Insurance: _____

- Mandatory trip insurance is required for the majority (85% or greater) of the cost.
- Detailed travel itinerary should be attached.

8. Arrangements for meals (if required): _____

Arrangements for lodging (if required): _____

9. Supervision and Safety Precautions (recommended ratio 10:1 for WI adult supervisors)
(Non West Irondequoit employees are not considered supervisors)

Safety Precaution Plan in place: Yes _____ No _____

Names, addresses, and phone numbers of **West Irondequoit employee** adult supervisors accompanying students on trip:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

10. Estimated total cost of trip (including expenses of supervisors): _____

Estimated cost per students:

Travel: _____

Lodging: _____

Meals: _____

Other: _____

TOTAL: \$ _____

Total Cost of trip:

Travel: _____

Lodging: _____

Meals: _____

Chaperones: _____

Cost for Subs: _____

Misc. _____

Minus student paid: _____

TOTAL: \$ _____

Misc. Items Include: _____

Estimated total cost from each source:

From district: \$ _____ District Source/Budget: _____

From student/family: \$ _____

Outside sources: \$ _____ Outside Source: _____

Other: \$ _____ Other Source: _____

11. All eligible students have been offered alternative financial resources and/or fundraising opportunities to ensure their access to this field trip: Yes _____ No _____

Please explain the alternative financial resources or fundraising:

APPROVED BY:

(Signature of teacher making request)

Date

Superintendent of Schools
(for Board of Education)

Date

(Signature of Supervisor)

Date

(Signature of Building Administrator)

Date

Reviewed: 08-21-13, 01-05-18

Revised: 11-01-18, 03-13-19, 03-27-19, 04-04-19, 09-16-2021, 12-10-2021, 10-03-2022