

**PITTSFORD CENTRAL SCHOOL DISTRICT**  
**Elementary Preliminary Day Field Trip Request**

**Instructions:**

**Complete and submit to your building principal at least one month in advance. See your building principal for exceptions.**

Teacher(s) Initiating Request: \_\_\_\_\_ School: \_\_\_\_\_

**Curricular/Instructional Plan**

For what grade level or class is this trip required? \_\_\_\_\_

Instructional Objectives: Be specific, include outcomes, desired proficiency level and how you will measure what standards and district curriculum goals it meets. \_\_\_\_\_

\_\_\_\_\_

Activities

Preparation: How will the student be prepared for the trips as an instructional activity? \_\_\_\_\_

\_\_\_\_\_

On trip: What instructional activities will occur on the trip? \_\_\_\_\_

\_\_\_\_\_

Follow-Up: Upon return, what activities will occur to enrich the experience and to determine if the objectives were achieved. \_\_\_\_\_

\_\_\_\_\_

Provisions for Continuity of School Work - to be completed for any missed instructional time

What instructional provisions have been made to help participants keep up with other classes that they will miss? \_\_\_\_\_

\_\_\_\_\_

What specific plans have been made for the continued instruction of those students in the class who will not participate in the field trip? \_\_\_\_\_

\_\_\_\_\_

## **Logistics of Trip**

Destination (include exact address): \_\_\_\_\_

Estimated Number of Students: \_\_\_\_\_ Round Trip Mileage: \_\_\_\_\_

Departure: Date \_\_\_\_\_ Time \_\_\_\_\_ Return: Date \_\_\_\_\_ Time \_\_\_\_\_

Have both the District and building calendars been checked for conflicts, etc.  yes  no

Estimated Number of Chaperones: Teachers: \_\_\_\_\_ Parents \_\_\_\_\_ Other: \_\_\_\_\_

Type of Transportation:

District bus: \_\_\_\_\_ Please complete *Special Trip Request Card*

Commercial carrier: \_\_\_\_\_ Please complete form 8460F – Trans)

Arrangement for meals (if necessary): \_\_\_\_\_

Cost:

Estimated Cost Per Student:

Event Fee: \_\_\_\_\_

Travel: \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_

Other: \_\_\_\_\_

Total: \_\_\_\_\_

Estimated Funds from Each Source:

from district: \_\_\_\_\_

from student: \_\_\_\_\_

outside source: \_\_\_\_\_

fundraising: \_\_\_\_\_

other: \_\_\_\_\_

Total: \_\_\_\_\_

Describe fundraising or outside sources: \_\_\_\_\_

### **TO BE COMPLETED BY THE BUILDING PRINCIPAL**

Approved

Not Approved

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_