

Instruction

SCHOOL SPONSORED TRIPS

E 6153c

MORGAN HILL UNIFIED SCHOOL DISTRICT

DISTRICT SCHOOL-SPONSORED/SCHOOL-RELATED TRIP REQUEST

(To be submitted by principal to District Office Educational Services Division at least two weeks prior to planned trip.)

SCHOOL: _____

TEACHER: _____ SUBJECT/GRADE: _____

DATE OF TRIP: _____ LEAVING TIME: _____ RETURN TIME: _____

DESTINATION/EVENT: _____

NUMBER OF STUDENTS: _____ NUMBER OF CHAPERONES: _____

METHOD OF TRANSPORTATION: School Bus Number of buses _____

Private Vehicle (Subject to principal's authorization
& provisions in Board Policy)

PURPOSE OF TRIP: _____

LEARNER OBJECTIVES OF TRIP: _____

DESCRIPTION OF PRE-TRIP ACTIVITIES: _____

DESCRIPTION OF FIELD TRIP ACTIVITIES: _____

DESCRIPTION OF FOLLOW-UP ACTIVITIES: _____

TRANSPORTATION COST: _____ OTHER COSTS: _____

CHARGE TO BUDGET ACCOUNT NO.: _____

DEPARTMENT/SUPERVISOR APPROVAL: _____

PRINCIPAL'S APPROVAL: _____ *APPROVED NOT APPROVED

COMMENTS: _____

*Approval includes certification that funds are available in the appropriate budget category.

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