

Date Received by Admin. Office:

*Check if Overnight* \_\_\_\_\_

\_\_\_\_\_  
School Year

**FIELD TRIP APPLICATION**

(All field trips ***overnight or longer must be Board approved one month prior to the trip.*** In order to meet this deadline, all applications must be turned in to the Administration Office ***6 weeks prior*** to the event in order to be put on the Agenda.)

Date of Request \_\_\_\_\_ Instructor \_\_\_\_\_

Class/Course \_\_\_\_\_ No. of Students Participating \_\_\_\_\_

Event/Location \_\_\_\_\_ Date of Trip \_\_\_\_\_

Leave Time \_\_\_\_\_ Return Time \_\_\_\_\_

Method of Transportation \_\_\_\_\_

Projected Expenses: Students: \$ \_\_\_\_\_ School: \$ \_\_\_\_\_

All Costs will be paid by:  Building  Other (explain): \_\_\_\_\_

I CERTIFY THAT THIS TRIP:

- \_\_\_\_\_ (1) Shall fulfill the following instructional objectives of the course or class:  
*(Please use the reverse side of this application &/or attach additional information as necessary.)*
- \_\_\_\_\_ (2) Shall promote the written educational, instructional, curricular philosophy and goals of Switzerland County School Corporation.
- \_\_\_\_\_ (3) Is necessary for the attainment of specific educational goals of participating students.
- \_\_\_\_\_ (4) Cannot occur without interrupting the instructional day
- \_\_\_\_\_ (5) Does not interfere with the major instruction of the students' other academic classes.

\_\_\_\_\_  
Instructor's Signature

***Circle one of the following:***

\_\_\_\_\_  
Supervisor's Signature - Approval / Disapproval \_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature - Approval / Disapproval \_\_\_\_\_  
Date

Board of Trustees *(if overnight or longer):* - Approval / Disapproval Date: \_\_\_\_\_

Returned to Employee: \_\_\_\_\_