

WEST VALLEY CENTRAL SCHOOL
Field Trip Request Form

Teacher _____ Date(s) _____

Destination (please include address, telephone number and name of contact person):

Short description of activities and follow-up lesson/assessment: _____

Time of departure: _____

Time of return: _____

Transportation form submitted: Yes/No

Field trip on District Calendar: Yes/No

Roster of students reported to Attendance Office: Yes/No

Parent permission slips created: Yes/No

How this field trip supports NYS Learning Standards:

Target participants (include number of students): _____

Cost (if any): _____

Chaperones: _____

Student to chaperone ratio: _____

Principal's Signature

Date: _____

Superintendent's Signature

Date: _____

COSER 402 _____ Lesson Plan & Authorization forms completed _____

COSER 403 _____ Lesson Plan & Authorization forms completed _____