Lakeland Central School District
Instructional Day Trip Proposal

In order to take students on an instructional day trip, the following steps should be taken:

1) 45-60 days prior to trip Complete ‘Form A’ -- Principal & Asst. Supt. Review
   a. *When approved, students can be informed.*
2) Upon approval, Complete ‘Form B’ and provide it to the Nurse for student review.
   a. Teacher MUST meet with Nurse to collect form and discuss all medical needs. (Failure to do so may result in cancelation of the trip.)
3) 30 days prior to trip- Submit Complete Forms A, B & C for Board Approval through Building Principal.
4) Approval will be sent to you via e-mail from Central Office.

Please refer to School Board policy 6153 in proposing any field trip.
FORM A

Faculty Name: ___________________________ Building: ____________

Date of Field Trip _______________________ Site ________________________

Time Leaving School _____________________ Time Arriving at Site _____________

Time Leaving Site ________________________ Time Arriving at School ___________

School ___________________________ Grade Level & Subject Area _____________

# Students Participating ________________ # Teacher Chaperones* _______ # Other ______

Date of Request _________________________ # of Subs Required ________________

*Chaperone ratio is 20-1.

1. How does the proposed field trip fit in the grade level curriculum and/or support the district’s goals? Which standards will be addressed?

__________________________________________

__________________________________________

__________________________________________

__________________________________________

2. Attach lesson plans and other supporting documents which must include (1) activities preceding, during, and following trip; (2) higher order thinking skills; (3) evidence you will gather to determine whether the field trip met your objectives; and (4) required reading and/or writing assignments.

__________________________________________

__________________________________________

__________________________________________

__________________________________________
3. Who will conduct instructional activities at the field trip site?


4. Attach itinerary.

5. What alternate activities will be provided for students who do not participate in the field trip? How will alternative activities be assessed?


6. How will special students’ needs be met? Is the site ADA compliant? If not, what accommodations will be made?


7. What fee is charged to students?


8. Method of Transportation: 
   ─────── Charter Bus
   ─────── Lakeland Bus
   ─────── Other (specify)

9. Cost of Transportation: 
   ─────── Transportation billed to:

   I preliminarily approve this request at the building level:
   
   Signature _______________________________ Date __________________
   Principal

   I preliminarily approve this request at the district level:
   
   Signature _______________________________ Date __________________
   Assistant Superintendent of Instruction
FORM B

Faculty Name: ___________________________ Building: ____________
Date of Proposed Field Trip: ______________ Site: ________________
Time Leaving School: ________________ Time Returning to School: ___________
Request submitted on: ____________________________

Student Roster

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<th>Student Name</th>
<th>Grade</th>
<th>Emergency Contact Phone #</th>
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(The Nurse’s signature signifies that he/she has seen and verified all medical needs for the students listed and has discussed those needs with the teacher)

Signature: ___________________________ Date: ______________________

School Nurse

This form will not be signed UNTIL the discussion regarding student needs has taken place.
FORM C

Faculty Name:_____________________________  Building:____________
Date of Proposed Field Trip:_________________ Site:_______________________
Final Submission Date to Principal: _____________________

Note: Parents have been surveyed, and 90% approve the trip: __________________________
Teacher in charge of trip (Print first and last name)

I have reviewed the information above and will submit this information to the Board of
Education for approval through the Assistant Superintendent’s Office.

______________________________  Date: ________________
Principal

______________________________  Date: ________________
Assistant Superintendent for Instruction

For District Office Use:
Approved by the Board of Education - Date: ______________________________