

FIELD TRIP AND EXTRACURRICULAR TRIP PLAN

Turtle Mountain School Division Policy I-6 indicates when a field trip or extracurricular trip plan must be completed.

DATE OF REQUEST: _____ SCHOOL: _____
(mmm d, yyyy)

DESTINATION: _____

DEPARTURE DATE: _____ DEPARTURE TIME: _____
AM PM

RETURN DATE: _____ RETURN TIME: _____
AM PM

ITINERARY: GRADE(S): _____

NUMBER OF STUDENTS PARTICIPATING: _____

TEACHER(S) INVOLVED: _____

OTHER SUPERVISOR(S): _____
 (See Policy I-6 #3 for overnight trips)

SPECIFIC EDUCATIONAL OBJECTIVE(S)/OUTCOME(S): _____

TYPE OF TRANSPORTATION BEING USED: _____

HEALTH INSURANCE COVERAGE FOR STUDENTS (OUT OF COUNTRY TRAVEL): _____

MEDICAL CONCERNS: _____

ADVANCE COMMUNICATION WITH PARENTS HAS TAKEN PLACE: YES NO

COST PER PUPIL: _____

Principal: Request approved
 Request denied

Superintendent: Request approved
 Request denied

Reason for denial: _____

Reason for denial: _____
