

Morrisonville School District

Field Trip Request

Destination _____

Group _____

Is this request for a school group? **Yes** **No**
(If No use Transportation Request only.)

Is this activity a school function? **Yes** **No**
(Non-school functions require payment for driver time and mileage.)

Does this activity require Board of Education approval? **Yes** **No**
(All trips outside the state of Illinois require Board of Education approval.)

Will a substitute be needed? **Yes** **No**

Total # In Group _____
(Passenger list must be submitted with this request. All field trips which take place on a day when school is in session must be accompanied by a narrative explaining the educational value of the trip and how it relates to the learning objectives of the curriculum and the Illinois Learning Standard.)

Date of Activity _____ **Leave Time** _____ **Return Time** _____



Request Date _____
_____ **Teacher, Coach, or Sponsor**

Approval Date _____
_____ **Administrator**

Approval Date _____
_____ **Board of Education**

Circle appropriate response.

Approved

Denied

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Please submit copies to (1) Building Administrator, (2) Director of Transportation, if transportation required, (3) Retain copy by Teacher, Coach, or Sponsor.

Once process is completed, the request form with approval/denial indicated will be returned to the Teacher, Coach, or Sponsor.