



*South Washington County Schools
Cottage Grove, MN*

610 EXTENDED FIELD TRIP FORM

Staff Member(s) Responsible (Name and phone): _____

School and Program: _____

Date of Requested Trip: _____

1. What group is taking this trip? _____

Estimated # of Students _____ Adult Supervisors _____

2. Destination: _____

Date/Time of Departure: _____

Date/Time of Return: _____

3. State purpose and educational value of trip (attach information to form if needed).

4. Name the manner of travel and the carrier.

5. State housing arrangements (must include name, address and phone number of hotel).

6. Describe parental involvement in planning – including who, what, where, when and how.

7. List participants (reminder to have participants complete parent/guardian permission form).

8. Describe the manner of selecting participants.

9. Indicate who will be in charge of supervising the trip.

10. State the safety precautions and procedures for emergencies while on the trip.

11. Give budget costs, how trip will be funded and estimated cost per student.

12. State evaluation procedures.

13. List any proposed precautions, special needs, special concerns, student concerns, - if applicable.

 Signature of Staff Member Responsible: _____

Date field trip request was submitted to Principal: _____

Principal/Administrator Signature and Date: _____

Approved: _____ Not Approved: _____

 Assistant Superintendent Signature and Date: _____

Approved: _____ Not Approved: _____

 School Board Review Date: _____

Approved: _____ Not Approved: _____