



*South Washington County Schools  
Cottage Grove, MN*

### **510.4 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 proposed housing arrangements – **must include address and phone number**

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.

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 Signature of Staff Member Responsible: \_\_\_\_\_

Date field trip request was submitted to Principal: \_\_\_\_\_

Principal/Administrator Signature and Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

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 Assistant Superintendent Signature and Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

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 School Board Review Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_