**FIELD TRIP PLANNING CHECKLIST – Wakefield High School**

**\*MUST be submitted by field trip planner to Sarah Robertson-Kenny 4 weeks before trip date\***

Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone number to be used on trip.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you checked master calendar on the Wakefield website for potential conflicts?

\_\_\_\_\_\_\_\_\_ Initial to indicate no conflicts

1. Once trip is approved, please provide a copy of your student rosters who will be attending the trip and provide an itinerary for the planned day of travel. Drop off your itinerary and roster to Athletics Office E-117.

\_\_\_\_\_\_\_\_\_Initial to confirm

1. Have you arranged for coverage of the classes you will miss while on the field trip?

\_\_\_\_\_\_\_\_\_Initial to confirm

1. Have you informed the cafeteria manager of the number of students who will miss lunch (if applicable)?

\_\_\_\_\_\_\_\_\_Initial to confirm

1. Have you given the Attendance Office a list of all students (**names & ID numbers**) who will potentially go on the field trip at least two days before the trip?

\_\_\_\_\_\_\_\_\_Initial to confirm

1. Must have Mr. Balas approval ONLY IF THERE ARE STUDENT EXPENSES. **TOTAL** expense to be charged to student (itemized). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If none, write NONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mr. Balas signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Time of departure from Wakefield: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of departure from location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated time of return to Wakefield: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of transportation: School bus \_\_\_\_\_\_\_ Charter bus \_\_\_\_\_\_ Walking \_\_\_\_\_\_

 Public transportation \_\_\_\_\_\_\_ Private vehicle \_\_\_\_\_\_ How many? \_\_\_\_\_\_

How will you pay for transportation if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and intend to comply with the requirements outlined on this form.

**Sponsor signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Approval – Sarah Robertson-Kenny**

**\*NOTE: Must have this signature to be an approved field trip.**

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| --- | --- |
| **Field Trip Planning Check List****ACS 07-08020** | **Arlington Public Schools****Arlington, VA** |

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| --- | --- |
| School:      | Date of Application:      |
| Teacher:      | Grade:      | Subject:      |
| Place to be Visited w/ Address:      |
| Purpose of Trip:      |
| Date:      | Departure Time from School:      | Departure Time from Destination:      |
| Number of Students Going on Field Trip:      |
| Are all plans in accordance with **PIP 20-2.500 Field Trips?** | Yes [ ]  | No [ ]  |
| Names of Adults who will be going on the field trip: |
|  |  |
|  |  |
|  |  |
| Cleared by principal’s office (signature): | Date: |
| **Attach to this form, in alphabetical order, the PARENTAL AUTHORIZATION FOR FIELD TRIP signed by parent or guardian for each pupil taking the trip.** |
| List the names of those pupils not taking the trip(if any) and indicated after each name the reason and what program he or she will pursue while the field trip is in progress. If any pupil who planned to take the trip is absent at the time the trip is taken, include his name and indicate his absence in the space below: |
| **Name** | **Reason** | **Absence** |
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|  |  |  |
| File this form with the school office **before** the class leaves the building. In case of emergency, this completed packet will provide an accurate check list of the pupils in your class. |