

McDowell County Schools-Field Trip Request

Date Submitted: _____

Teacher Submitting Request:

Proposed Date of Trip: _____ Number of Buses Needed: _____

Trip Destination:

Approximate Number of Students on Field Trip:

Name of Bus Driver(s):

Subject Area: _____ Purpose of Trip: _____

Explain activities, presentations, etc. in which students will participate on this trip:

Explain how this trip correlates to the Common Core Standards and/or Essential Standards:

What pre-trip activities and/or follow-up activities are planned to reinforce and evaluate the learning experiences of this trip?

Teacher Signature:

If other teachers are planning to accompany you with their classes on this trip, please have them indicate with their signature on the lines provided.

Cafeteria Manager and School Nurse must sign **before** submitting this form to the Principal.

_____ Cafeteria Manager _____ School Nurse

_____ Principal Signature _____ Date