

McDowell County Schools
Field Trip Request

Date Submitted: _____

Teacher Submitting Request: _____

Proposed Date of Trip: _____ Return Date/Time: _____ Number of students on trip _____

Number of Buses Needed: _____ Trip Destination: _____

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.

Must submit this form to Principal for approval. Cafeteria Manager and School Nurse must sign.

_____ Principal Signature _____ School Nurse
_____ Cafeteria Manager _____ Date

- All guidelines must be followed according to School Board Policy 3320