${\bf MONROE\ PUBLIC\ SCHOOL\ SYSTEM}$

Field Trip Request

APPROVED BY

Trip Coordinator:	School:	Instructional Leader Principal	
		Superintendent	
Group Taking Trip:		Bd. of Ed	
Trip Date:Destination	n(s):		
Type of Field Trip:			
□ School Sponsored Education	nal Field Trip 🗆 School Sp	onsored Recreational Field Trip	
□ School Sponsored Cultural/	Enrichment Field Trip		
Phone # at field trip location(s)			
Teacher/Chaperone CELL PHONE			
Other Stops Planned:			
Transportation: Bus Co			
	Name of Bus Co.	Telephone #	
Private Au	tomobile/Adult Driver (Sig	n & attach Auto Permission Slip)	
:		y Insurance? Yes No N/A	
If YES, include a copy with this ap	pplication. If NO or N/A, ple	ease explain:	
Time Leaving School	Arrival at D	estination	
Time Leaving School	Allival at D	Arrival at Destination	
Time Leaving Destination	Arrival at So	chool	
Cost to Each Student	# of Studen	ts Participating	
Student Scholarships ☐ Yes ☐ No	# of Teache	# of Teacher Chaperones	
	# of Parent	Chaperones	
SUBSTITUTE COVERAGE NEEDED FOR:			
Yes Indicate Time:			
No			
SUBSTITUTE COVERAGE NEEDED FOR:			
Yes Indicate Time:			
No			

SUBSTITUTE COVERAGE NEEDED FOR:
Yes Indicate Time:
No
Curriculum Connection:
Follow Up Class Activities:
School Program for Students Not Attending:
Special Accommodations for Any Students Going on Trip:
<u>REMINDER</u> : A typed, alphabetized list of students must be given to the office and the school nurse one week in advance of trip.
\square The BOE is requesting a follow-up presentation of this field trip.
Please attend the Board of Education Meeting. Date of BOE Meeting
*Please attach any other information that will assist the Board of Education

in evaluating the requested field trip.