School-Sponsored Trips

ADULT	RATIO	WATER RELATED		
Grades K-2	1 to 5	Grades K-2	1 to 3	
Grades 3-6	1 to 7	Grades 3-6	1 to 5	
Grades 7-8	1 to 12	Grades 7-8	1 to 8	



WRIGHT SCHOOL DISTRICT

Field Trip Request

Site:	J.X. Wilson School	Robert	L. Stevens School	Wright Charter Sch	ool		
Request Date:		Teachers:					
Trip Date:			_ Grade Levels:				
Dest	ination:						
Time	e: (A) Depart from school at:		# of Students:	Adults:			
	(B) Return to school at:		<u> </u>				
1.	How does the proposed field trip	correlate and	complement current class	sroom activities?			
2.	What skills or learning are expect						
3.	What follow-up activities and eva on the trip? When?	-		ool to reinforce what has be			
4.	Are parent volunteers driving? _	Yes	No # Have	insurance forms been filed?	?		
5.	Traveling by bus? Yes No Must attach Purchase Order Request						
	With which bus company are you	contracting?					
6.	Quoted cost of trip? \$	W	ho pays for this trip?				
	Other:						
7.	What method of payment? Person	nal Check? (re	eimbursement form submi	itted)			
	Principal			Date	_		
	Superintendent			Date	_		
cc:	District Office School Office		WATED DELA	TED VEC	NO		
	Cafeteria			ATED YES _			
Revise	Teacher(s) ed: 02/03/14 Board Approved:		DUARD APPR	OVED			