\$ 1/1

School-Related Student Trip Request Form

| SUBMIT THIS FORM TWO (2) WEE | KS PRIOR TO THE TRIP • |
|--|--|
| SCHOOL SCES FACULTY MEMBER(S) | SPONSORING TRIP Patricle MayNar |
| TYPE OF TRIP (CHECK ONE): | / |
| Classroom Field Trip | specify |
| ☐ Organization/Club Trip, specify | ☐ Other (athletic, band, if applicable) |
| DESTINATION Bernheim Fires ADDRESS Out of State Out of County Within County | Clement Kyphone 905 - |
| | 85-12 |
| ☐ Overnight: give name, address, phone of lodging | 6 |
| DATE(S) OF TRIP 5/23 DEPARTURE | |
| PURPOSE/EDUCATIONAL VALUE - SUPPORT 50 | ence instruction continue |
| in formational reach projects | 1 1. 1 |
| SOURCE OF FUNDING FOR TRIP | fruer b |
| NO STUDENT SHALL BE DENIED THE TRIP E | BECAUSE OF AN INABILITY TO PAY. |
| BILL TRIP EXPENSES TO: | |
| SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL | |
| NUMBER OF STUDENTS FACULTY SPONSORS | OTHER CHAPERONES 8 |
| TOTAL # OF PARTICIPANTS 3 | |
| MODE OF TRANSPORTATION | A |
| IS DISTRICT TRANSPORTATION NEEDED? ☐ NO | TYES, SEE PROCEDURE 09.36 AP.212. |
| ☐ CERTIFICATED COMMON CARRIER; SPECIFY_ | |
| ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SI | |
| SUPERVISION (Attach list of names of adults accompany) | |
| Have all chaperones undergone the required record | |
| principal/designee to supervise students? | □ NO 5-2-13 |
| Signature of Faculty Sponsor | Date |
| | Date |
| Trip has been approved □ disapproved. Reason for disapproval | |
| Dale Kleinian | 5/7/13 |
| Signature of Superintendent/Designee | Date |
| For overnight and/or out-of-state trips, approval of the superintendent and | /or Board may be required by policy 09.36. |
| FIELD TRIP CHARGES | |
| \$.93 per mile Regular hourly rate for driver, plus overtime if driver's hours | Meals provided by sponsor: ☐ Yes ☐ No |
| exceed 40 per week | |
| The second secon | Send copy to lunchroom: ☐ Yes ☐ No |
| Admission to event provided by sponsor: \square Yes \square No | Bus limits: 2 persons per seat |
| Overnight lodging: Single room | - A |
| Driver time starts 15 min. before departure and ends 15 min. | |
| | . \ \ |
| after arrival Driver requested: 1. Ploy 2 2. | Number of buses requested: |

| Instructional Plan for Field Study/Special Event Learning Experience |
|--|
| Teacher: Patrick MayNard |
| |
| Class: 2nd Grade |
| 5/03/1/3 |
| Date: 5/24/ (3 |
| Instructional Plan |
| Content Connection: |
| Targeted Standard: W) Write informative feets in which |
| Targeted Standard: W) Write informative feets in which PRE Activities Franchise Reserrch PRE Activities PRE Activities PRE Activities PRE Activities PRE Activities Promobiling Reserrch |
| Informational Reserves |
| Writing to Intern |
| Questioning |
| |
| |
| POST Activities |
| Junic you age to sentin |
| Think you letter to Bernheim Finishing projects on pollution, Sirds, and Suty |
| |
| |
| Reading/Writing/Math/Science/Social Studies/Arts and Humanities Strategies |
| (Use any that apply) |
| Realthy - research Science - living things |
| 12:15 3 15:16 - 11 1 |
| Writing of only frum (2 400 |
| |
| |
| Choose one post-assessment of learning activity: |
| o Open Response Prompt: o Student Product: → configure informational → research |
| o Performance Event: |
| Writing for Authentic Audience: → Hun (yor 4/h |
| Adaptations or Special Strategies (if applicable) |
| |

School-Related Student Trip Request Form

| SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP. |
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| SCHOOL SCES FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ONE): Class Trip (i.e., junior, senior), specify Organization/Club Trip, specify Other (athletic, band, if applicable) |
| DESTINATION WHO Within County Out of State Out of County Within County Overnight: give name, address, phone of lodging DATE(S) OF TRIP WA 23, 2013 DEPARTURE TIME G3 RETURN TIME 200 PURPOSE/EDUCATIONAL VALUE PARTICLE TIME G3 RETURN TIME 200 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF STUDENTS SFACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS STOTAL # OF PARTIC |
| SUPERVISION (Attach list of names of adults accompanying students on trip.) Have all chaperones undergone the required records AOC check and been designated by the principal/designee to/supervise students? YES NO |
| Trip has been approved disapproved. Reason for disapproval Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36. |
| FIELD TRIP CHARGES \$.93 per mile Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week Meals provided by sponsor: Yes No |
| Admission to event provided by sponsor: Yes No Bus limits: 2 persons per seat Overnight lodging: Single room Driver time starts 15 min. before departure and ends 15 min. after arrival Driver requested: 1. Driver requested: 2. Were No Bus limits: 2 persons per seat Ves No Bus limits: 2 persons per seat |

| | Instructional Plan for Field Study/Special Event Learning Experience |
|---------|--|
| | Teacher: Will Dide Will hom auch thick |
| | Class: Andlight |
| | Date: May 23 204 |
| | Instructional Plan |
| | Content Connection: |
| San San | PRE Activities 23 physical health styles |
| | iduma la personal commandens |
| · . | Juainstoming Gealty activities of |
| | life choices |
| 2 | |
| | POST Activities |
| | - INTIONA Q - reflections graphing |
| 5 | Armite artistist |
| | Taroni and the |
| | |
| | Reading/Writing/Math/Science/Social Studies/Arts and Humanities Strategies |
| 12 | (Use any that apply) |
| | 2.29 |
| | 2.31) Ale alone (2) |
| | 3.2 |
| | Choose one post-assessment of learning activity: |
| | Open Response Prompt: |
| | o Performance Event: |
| | Writing for Authentic Audience: |
| | Adaptations or Special Strategies (if applicable) |
| | |