

**SENECA HIGHLANDS INTERMEDIATE UNIT NINE
SPECIAL EDUCATION SERVICES**

Field Trip Form

(TO BE SUBMITTED AT LEAST SIX WEEKS PRIOR TO FIELD TRIP)

CLASS _____ TEACHER _____
DATE _____ DATE OF _____
SUBMITTED _____ TRIP _____
NUMBER OF _____
STUDENTS _____
PARTICIPATING _____

EXPENSES _____ (Please Indicate):
To be billed to the
Intermediate Unit

Request advance payment
in the amount of _____

FIELD TRIP

1. Name of site(s) to be visited by class

2. Location of site(s)

City _____

Number of Miles (Round Trip) _____

Actual Cost of Transportation _____

Name of Transporter _____

3. Length of Trip

Hours (Approximate) _____

Time of Departure (Approximate) _____

Time of Return (Approximate) _____

4. Lunch Arrangements

(If lunch will be eaten en route or at site, complete this
item; list phone number, if known.)

Restaurant or Area _____

City _____

Phone _____

5. Estimated Costs (other than transportation). For example: lunches, refreshments, admissions at site(s), etc.

6. List chaperones, if used. (Must be used on a long distance trip over 25 miles-one way from school.)

7. Any medical concerns and how these will be addressed.

8. Describe in detail how the site(s) to be visited have direct relationship to educational class program. Include specific educational standards.

Approvals

Program Supervisor

Date

District Principal/Superintendent

Date

Program Director

Date