## SENECA HIGHLANDS INTERMEDIATE UNIT NINE SPECIAL EDUCATION SERVICES

## Field Trip Form (TO BE SUBMITTED FOUR WEEKS PRIOR TO FIELD TRIP)

CLASS DATE SUBMITTED NUMBER OF STUDENTS PARTICIPATING			TEACHER DATE OF TRIP
EXPENSES		(Please Indicate): To be billed to the Intermediate Unit	
		Request advance payment in the amount of	
		F	IELD TRIP
1.	Name of	f site(s) to be visited by class	
2.	Location of site(s) City		
	Actual C	of Miles (Round Trip) Cost of Transportation Transporter	
3.	Time of	of Trip Approximate) Departure (Approx.) Return (Approx.)	
4.		<b>Arrangements</b> ant or Area	(If lunch will be eaten en route or at site, complete this item; list phone number, if known.)
	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.	Describe in detail how the site(s) to be visited have direct relationship to educational class program.