

****ONE TRIP PER APPLICATION**** **DATE SUBMITTED:** _____

M.S.D. SOUTHWEST ALLEN COUNTY
APPLICATION FOR **ALL TYPES** OF FIELD TRIPS

DIRECTIONS: Submit this form to the School Office at least **12 SCHOOL DAYS PRIOR** to the date of trip or trip may not be approved by Transportation Office. All trips using school buses are scheduled between **9:15 a.m. and 2:00 p.m.** And after **4 pm.**

TRANSPORTATION INFORMATION

Departure: **Date:** ___/___/___ **Load Time:** ___/___ **AM** ___ **PM** ___
Day of Trip: _____

Return: **Date:** ___/___/___ **Return Time:** ___/___ **AM** ___ **PM** ___
Day of Trip: _____

Pick up Door# _____ School: _____

Teacher/Coach: _____ Out of State ___ Y ___ N
Over Night ___ Y ___ N

Classification: ___ 1. Curricular, Extra Curricular 2. Required
Special Needs: (list students name and mark their needs) ***

Chair Lift: ___ (Y/N) # **Wheelchairs:** ___ # **Car Seats:** ___ # **Safety Vest:** ___ # **Seat Belts:** ___

Trip Purpose: _____

Destinations: _____

Meal Plans: ___ Yes ___ No: If yes Destination: _____

Students: ___ # Adults*: ___ * Attach a complete list of **chaperones**

School Bus: ___ SPV: ___ Private Auto: * ___ Walking: ___
*Insurance certificate form must be on file in the Transportation Office. (A new one each school year)

Charter Bus: ___ Overnight: ___ (Y/N) If yes, date and time.
Return Date: ___ ___ ___ (MM DD YY) Time: ___ ___ (Hr/Min) AM/PM ___

Program Type: ___ **R:** Regular / **S:** Special Education / **U:** Summer School/ **A:** Athletics

APPROVAL

_____ approved _____ not approved _____

Principal

_____ approved _____ not approved _____

Transportation Designee

_____ approved _____ not approved _____

Superintendent/Designee

OVER

7/3/2019

MUST BE COMPLETED FOR ALL CURRICULAR AND REQUIRED TRIPS

In accordance with 511 IAC 6-2-1.1, Authority IC 20-1-1-6, Affected IC 20-10.1-2-1 relating to the approved use of instructional time:

An educationally related activity is a non-classroom activity, such as a field trip or a convocation that meets all of the following:

- 1.) Is consistent with and promotes the educational philosophy and goals of the school corporation and the state board of education.
- 2.) Facilitates the attainment of specific educational objectives.
- 3.) Is a part of the goals and objectives of an approved course or curriculum.
- 4.) Represents a unique educational opportunity.
- 5.) Has been approved in writing by the local superintendent or the superintendent's designee.
- 6.) Cannot reasonably occur without interrupting the school day.

EACH SCHOOL CORPORATION SHALL MAINTAIN A RECORD OF EDUCATIONALLY RELATED ACTIVITIES. THE RECORD IS OPEN TO PUBLIC INSPECTION AND MUST CONTAIN A DESCRIPTION OF THE ACTIVITY AND A STATEMENT OF THE EDUCATION OBJECTIVES OF THE ACTIVITY.

NAME OF FIELD TRIP: _____

GRADE LEVEL _____ SUBJECT AREA _____ COURSE TITLE _____

DETAILED DESCRIPTION OF THE FIELD TRIP _____

HOW DOES THIS TRIP RELATE TO THE SCHOOL BOARD APPROVED CURRICULAR OR COURSE OBJECTIVES ?

WHAT ARE THE SPECIFIC EDUCATIONAL OBJECTIVES OF THIS FIELD TRIP? _____

LIST SPECIFIC PRE-TRIP CLASSROOM ACTIVITIES _____

LIST SPECIFIC POST-FIELD TRIP ACTIVITIES _____

This application is complete and accurate.

Teacher's Signature