| Name of Head Teacher or Club Advisor: | Schoo Ja |
|--|-----------------|
| 7 (d / 1301 : | FIE |
| School | Grade(s) or Gro |
| Field Trip to* | |

ol District of Janesville nesville, Wisconsin

| Copy on | | |
|-------------|--|--|
| Green Paper | | |
| | | |

| Advisor: | | REQUEST | | |
|--|--|---|---|---------------------|
| School | Grade(s) or Group | | _ Check One: Class | s 🗌 Club |
| Field Trip to* | | | | |
| Trip Date(s) | Departure Time: | Return Time: | (Make sure to i | dentify AM or PM) |
| City / State | Ti | ransported By | | |
| Number of Students Par | ticipatingC | ost Per Student _ | | |
| Sub Needed: Yes | pating N (All Day Half Day end, supplement or enhance your instr |) No | | Yes No |
| High School Only: If this is a Activities" form. | community service, school sponsored, and | d school supervised a | ctivity; fill out the "School S | Sponsored Community |
| If more than one teacher | is accompanying students, each t | eacher's name m | nust be listed. | |
| Unit or Team Le | ader/Instructional Manager | | Date | |
| | e listed on the confidential health list p | | | |
| - | nade for children requiring medication? | | * | |
| medications to students i | ed up in the office the day of the fie needs to share the med log with the t permitted to dispense medications | health aide/desig | nee to be entered into Ir | |
| confidential health list an | ow indicates the nurse and the Unit d health plans to determine which s ncy medication training has taken p | tudents will need | | |
| School Nurse Signatur | e: | | Date: | |
| For trips to rural areas id | entify the nearest hospital or emer | gency help: | | |
| OBTAIN A FIRST AID KIT | FROM THE HEALTH ROOM. | ******** | ******** | ******* |
| If meals will be ordered t | hrough Food Services or an offsite | vendor have arr | angements been made | ? Yes No |
| days prior to field trip so (Please note: Food Service Handbook for Field Trip Lui | om school during the lunch period, lunch ordering can be reduced for t s requires at least six working days no nch order form and for Notice of Abser | hat day. otice for an order. Since from Lunch forn | See Business Services Se n.) | _ |
| | APPRO | VED BY* | | |
| Building Principal | Date | | Admin. & Human Serv of if field trip is outside of Rock, unties*) | |

NOTE: This request should be submitted to the building principal at least **TWO WEEKS IN ADVANCE** of the field trip so that approval of the field trip can be obtained and arrangements made for the substitute if one is needed. At the elementary level the student / adult chaperone ratio must be no greater than 10 to 1.

*Extended, Over-night Field Trips out of the State of Wisconsin must go through the SAC approval process per Board Policy 6730. If a field trip is extended, over-night and out of Wisconsin, fill out this form, have it signed by the building principal, include it with a completed SAC proposal and turn everything in to the Superintendent's Office.

T:\Administrative and Human Services\Field Trips\Field Trip Request Form.doc

Revised: 7/92,12/93, 8/94, 10/02, 6/06, 1/14, 5/15, 12/16