

NORTHSIDE ELEMENTARY SCHOOL
Field Trip Educational Objectives

Teacher(s) _____ Date of Trip _____

Field Trip Activity (include destination) _____

Check one: Walking Field Trip _____ Bus Transportation Required _____

Times Class will be gone: From _____ to _____

Area of Curriculum _____

Educational Objective(s) _____

Related Classroom Activities Prior to Field Trip _____

Specific Field Trip Activities _____

Follow-Up Activities _____

Names of Chaperone(s):

(1) _____ (3) _____

(2) _____ (4) _____

Do you have a duty on date of trip? Yes _____ No _____ If yes, please complete:

Teacher's Duty (time and place) _____

Person Responsible to Cover Duty _____

Teacher's Duty (time and place) _____

Contacted Lunchroom? Yes _____ No _____ Contacted Nurse for Medication: Yes _____ No _____

Permission Slips Signed and on File? Yes _____ No _____

Approval _____ Date _____