Copley-Fairlawn City Schools FIELD TRIP APPLICATION FORM

BUS REOUEST FORM MUST ACCOMPANY APPLICATION FORM

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Date of Application:	Teacher(s):
Grade Level/Course:	No. of Students:
Date of Trip:	
Destination:	
Pick Up/Departure Time:	Disembark/Return Time:
Notes (If additional space is needed, please attach):	
1. Field Trip requests should be submitted one month various arrangements (schedules, duties, lunches, b	prior to the intended activity/field trip date. This is to ensure proper time for the buses, etc.).
2. Field Trips are extensions of classrooms and are to of the adopted courses of study and the Ohio Acade	support and reinforce the curriculum. Field Trips must directly enhance the teaching emic Content Standards (where applicable).
Content Area(s) being supported by the proposed Activity	y/Field Trip:
Course of Study Objective and/or Academic Content Stan Trip:	ndard Benchmark or Indicator being addressed by the proposed Activity/Field
Specific Objective(s) for the proposed Activity/Field Trip: In your indication of the objectives for this proposed field trip the adopted courses of study and/or the Ohio Academic Conte	p, please indicate how the Field Trip will augment classroom instruction and support
Specific Objective(s) for Activity/Field Trip	How will the Activity/Field Trip augment and support classroom instruction of the adopted course of study and/or Academic Content Standards?
Pre-Activity/Field Trip Plans:	
Post-Activity/Field Trip Plans:	

Anticipated Costs

Admission Fee Per Child (if any) \$:	To be paid by:
Describe any unusual cost or expenditure information:	
Lunch Plans Check and complete as appropriate:	
We will eat a cafeteria lunch before we depart for the well eat lunch while we are on the field trip. We request cafeteria-prepared sack lunches.	we will ask parents to provide home-packed lunches. We will eat out as follows: Restaurant/Provider Name: Address: Phone Number ()
Describe any unusual meal request or information:	
Transportation Information BUS REQUEST FORM	MUST ACCOMPANY APPLICATION FORM
Is bus transportation requested (please circle): Describe any unusual transportation request or information	Yes No n:
•	perintendent 3. Transportation Supervisor 4.Originating Building
1. This section to be completed by Principal	Date Received:
Action of Principal (please circle): Tentatively Appr	oved Disapproved Conditionally Approved with the Following Modification
-	tendent only if approved as presented or approved as modified
2. This section to be completed by Assistant Superinten	lent Date Received:
Action of Asst. Superintendent (please circle): Approx	ed Disapproved Conditionally Approved with the Following Modification
Signature of Assistant Superintendent	
3. This section to be completed by Transportation Supe	
Approximate # of miles round-trip:	
Approximate # of total hours for bus driver(s):_	
Transportation cost to be paid by:	
Action of Transportation Supervisor (please cir	cle): Tentatively Approved Cannot Provide Transportation
Notes:	
Signature of Transportation Supervisor	Date:
4. Originating Building	
ce: Director of Food Service	Assistant Superintendent

The teacher/coach/advisor is responsible for the conduct of the students.

Director of Transportation

The teacher/coach/advisor should have an accurate roster of all students on the activity/field trip at the time of departure from the home school. One copy should be left at the school and the other given to the driver of the bus when applicable.

The teacher/coach/advisor must have a copy of the emergency medical form for each student on the trip/activity. Handicapping conditions and/or special needs of participants are to be indicated (attach as necessary) and addressed.