

HEAD START FIELD TRIP REQUEST

GENERAL INFORMATION:

Center _____ Field Trip Date _____
 Destination _____ Address _____
 Field Trip Site Contact Person _____ Phone _____
 Departure Time _____ Return Time _____

LOGISTICAL INFORMATION:

Transportation (check one): ☐ Parents Transport
☐ Walking (attach map of walking route)
☐ Head Start Bus (attach confirmation from Salida transportation)

Field Trip Site:
 Fees: ☐ yes (attach requisition) ☐ no
 Insurance Form: ☐ yes (attach certificate of insurance request form) ☐ no

Sack lunches needed: ☐ yes (attach menu) ☐ no
 Kitchen notified: ☐ yes ☐ no

Flier created: ☐ yes (attach final) ☐ no (attach admin. asst. work request)
 Permission Slip prepared: ☐ yes (attach final) ☐ no

EDUCATIONAL PURPOSE AND INFORMATION

Educational Objectives:

Planned Learning Experiences:

Changes to Daily Schedule:

Follow-Up Plans:

APPROVALS

The field trip site has been visited by _____ who has determined is safe and developmentally appropriate for Head Start children

Field Trip Request Submitted by: Person Completing Form: _____ Date: _____
 Master Teacher: _____ Date: _____

Office Use Only **This form must be submitted to Director II or designee four (4) weeks in advance of scheduled field trip**

Field Trip Approved Received by Admin Team _____ Date: _____
 Director II _____ Date: _____