

Funds Requested: _____

FIELD TRIP AUTHORIZATION FORM

Date of Request: _____ Center Name: _____ Date Rec'd: _____

Person Completing Request: _____

When are the funds needed (date)?: _____

Who is responsible for obtaining and verifying receipts? _____

Date of field trip: _____ from _____ a.m. until _____ p.m.
(Full name)

Destination: _____

Give complete directions in the space below for destination emergency phone numbers and contact person: _____

Transportation: Head Start Bus (es) _____ Name of Driver (s): _____

Who will provide lunch or snack? _____

Adults going on field trip as supervisors for children? _____

Any special accommodations, equipment, etc. required for children with special needs or disabilities? Specify: _____

Current Unit Topic: _____

Purpose of this field trip. Describe how this field trip will correlate to classroom activities: _____

What are your learning goals for this field trip?

1. _____
2. _____
3. _____

List introductory activities you will plan before the trip: _____

List at least one activity that will serve as a follow-up experience after the field trip:

Will pictures be taken: Field Trip _____ YES _____ NO

 At the Center _____ YES _____ NO

What activities will the children be doing? _____

Are there children who do not have permission for photo's to be taken?

_____ YES _____ NO

If so please name _____

What activities will these children be doing while the photographs are being taken?

I certify that written parent permission will be on file for each child attending the trip.

Signature of Teacher

Education Manager _____ Approved _____ Disapproved

Amount and explanation of funds needed: _____