

EXTENDED DAY FIELD TRIP APPLICATION

Name of Individual Making Request: _____

Name of Organization/Group/Class: _____

Paragraph Description of Proposed Program:

Supplementary Instruction _____ Alternative Instruction _____

Destination: _____

Date(s) of Trip: _____

Mode(s) of Travel: _____

Itinerary:

Names of Students (Anticipated - May attach list):

General Program Objectives (Alternative Education):

Specific Objectives (Alternative Education):

Detailed School Support Budget:

Detailed Individual Student Budget:

Listing of Chaperones and Qualification Resumes:

Approved by: _____, Building Principal
(Signature)

_____, Superintendent of Schools
(Signature)

_____, Board of Education
(Board Meeting Date)

BOARD OF EDUCATION
INDEPENDENT SCHOOL DISTRICT 192
FARMINGTON, MINNESOTA 55024