**HOUSTON INDEPENDENT SCHOOL DISTRICT**

**SPONSOR’S REQUEST FOR APPROVAL OF FIELD TRIP**

**(To be completed by Sponsor and Submitted to Principal for Processing)**

|  |  |
| --- | --- |
| REQUEST FOR PERMISSION FOR*(Name of School**to take Field Trip)* |  |
| Group or Class\* |       |
| Teacher(s) |       |
| Place to be visited ***(Give name &physical address)*** |       |
| Purpose of visit/specific learning activities *(Attach Field Lesson Plan)* |       |
| Day(s) of visit |       | Date(s) of visit |       |
| Departure time |       | Return Time |       | School time required |       |
| Number of students\* |       | Minimum number of chaperones required |       |
|  *Ratios: Secondary Schools 12 to 1* |
| Chaperones*(Title, First Name, and Last Names)* |  |
|  |
| Cost to students |       |
| Type of transportation | [ ]  HISD Bus [ ]  Private Vehicle [ ]  Rental Vehicle |
| Transportation specifics |  |

*\*Students must be eligible to participate in extracurricular activities and be passing all subjects.*

NOTE: *Overnight, out-of-town/district or out-of–country trips must attach the following:*

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| * Accounting Statement
 |  | * Parent Approval Forms with signatures.
 |
| * Itinerary Details
 |  | * Release of Liability Form
 |
| * Medical Release Forms
 |  | * + Transportation Liability Proof, if applicable
 |
| * + List of students with verification that student are eligible to participate on this field trip.
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I have read Board Policies and Administrative Procedures Section 425.00 and subsections pertaining to student trips; this trip will be conducted in accordance with the established basic guidelines and any additional requirements developed at the individual school level.

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| Signed: |       | Date: |       |
|  Sponsor’s Signature |
|  |
| Signed: |       | Date: |       |
|  Principal’s Signature |

**APPROVAL:**

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| --- | --- | --- | --- |
| Signed: |       | Date: |       |
| School Support Officer’s Signature |
|  |
| Signed: |       | Date: |       |
| Chief School Officer’s Signature (if applicable) |
|  |
| Signed: |       | Date: |       |
| Superintendent’s Signature (if applicable) |
|  |

*Form #: 40.5110*

**Field Lesson Implementation Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School |       | Date Submitted |       |
|  |
| Title of Field Lesson |       |
|  |
| Grade Levels |       | Date of Field Lesson |       |
|  |
| Number of Students |       | Number of Teachers |       | Number of Parents |       |

**INSTRUCTIONAL OBJECTIVES:**

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**ACTIVITIES:**

 **Prior to the Field Lesson**

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 **During the Field Lesson**

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 **Following the Field Lesson**

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**EVALUATION:**

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|       |  |       |
| Signature of Teacher(s) |  | Signature Approval of Principal |