**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. | | |

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 |