Las Cruces Public Schools	Form IJOA-E1 **Field Trip Request, Rationale and Notification**

Requesting teacher(s): _____Cell phone #: _____Grade: _____Date: _____

Date of field trip: _____Departure time: _____Return time: _____

Field trip destination/address: _____

Educational objectives for trip: _____

_____

_____

Number of students participating: _____Classes participating (list teachers): _____

Mode of transportation: Walking _____ Bus _____ Other _____ Number of buses requested: _____

Transportation paid by: _____

Fee/entry cost for trip destination: Y☐ N☐ How will it be paid? _____

Complete the portion above and return to school administration for initial approval. Proceed with bottom portion after initial approval.

_____ Approved Disapproved Date: _____
Principal's signature (circle one)

_____ Comments: _____
Asst. Principal's signature

_____

Please notify the following staff members a minimum of 1 week before the scheduled field trip and get initials:

Cafeteria _____ Sack lunches needed? _____ (two weeks advance notice required)

Nurse _____ Special medical needs addressed/First aid kit (two weeks advance notice required)

Secretary _____ Fees collected Y☐ N☐

Additional staff:

P.E. teacher _____ Librarian _____ Music _____ Counselor _____ Art _____

Computer lab _____ Special education teachers (OT, PT, SLP, Psychologist) _____ ESL _____

Final Approval:

_____ Approved Disapproved Date: _____
Principal/Asst. Principal signature (circle one)

Funding source: _____ Transportation cost: _____