



FIELD EXPERIENCE REQUEST FORM

SECTION 1 - BASIC INFORMATION

School <input type="checkbox"/> CPHS/ATD <input type="checkbox"/> EXPLORE MS <input type="checkbox"/> HTHS/ACTE			NO. OF STUDENTS _____ COST PER PERSON _____ TOTAL COST _____
INSTRUCTOR IN CHARGE _____			
DATE OF TRIP/ALTERNATE DATES _____ CLASS _____			
CHAPERONES _____			
PLACE OF TRIP _____ PHONE NO. _____			
VIRTUAL FIELD TRIP <input type="checkbox"/> YES <input type="checkbox"/> NO URL _____			
ADDRESS _____ CONTACT PERSON _____			
HCST DEPARTURE TIME _____ DESTINATION ARRIVAL TIME _____			
DESTINATION DEPARTURE TIME _____ HCST ARRIVAL TIME _____			
COST OF TRANSPORTATION _____ DISTRICT TRANSPORTATION AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO			
OVERNIGHT _____ NUMBER OF NIGHTS _____ REOCCURRING _____ NUMBER OF REOCCURRING DAYS _____			
APPROVED BY DIRECTOR OF TRANSPORTATION _____ DATE _____			

SECTION 2 - SPECIAL ARRANGEMENTS

FOOD ARRANGEMENTS	COSTS	METHOD OF PAYMENT
<input type="checkbox"/> NONE REQUIRED	<input type="checkbox"/> ADMISSION COST	<input type="checkbox"/> NOT APPLICABLE
<input type="checkbox"/> PREPARE SAME # OF BOXED LUNCHES	<input type="checkbox"/> OTHER COSTS	<input type="checkbox"/> PETTY CASH ADVANCE
<input type="checkbox"/> HOLD # OF LUNCHES FOR RETURN	<input type="checkbox"/> TOTAL COST OF FIELD TRIP	<input type="checkbox"/> PETTY CASH REIMBURSEMENT
<input type="checkbox"/> FOOD RESTRICTIONS		<input type="checkbox"/> STUDENT ACTIVITY
		<input type="checkbox"/> REQUISITION
		<input type="checkbox"/> HCST FOUNDATION
		<input type="checkbox"/> PAYING AT VENUE
		<input type="checkbox"/> STUDENT CONTRIBUTION

SECTION 3 - ASSURANCES

IF CONTRACT/AGREEMENT NEEDS TO BE SIGNED, PLEASE ATTACH

PERMISSION SLIPS WILL BE OBTAINED AND FORWARDED TO THE PRINCIPAL YES NO

ARE ANY SPECIAL MEDICAL ARRANGEMENTS REQUIRED? YES NO (IF YES, LIST SEPERATELY)

HAS THE SCHOOL NURSE BEEN CONSULTED? YES NO

IS THE FACILITY HANDICAPPED ACCESSIBLE? YES NO

SUBSTITUTE COVERAGE REQUIRED? YES NO IF YES, PERIODS: _____

NURSE ATTENDANCE REQUIRED? YES NO NURSE COVERAGE _____

PLEASE ATTACH A COPY OF THE APPROVED FIELD TRIP WHEN SUBMITTING A REQUISITION FOR PAYMENT.

NO REQUISITION WILL BE PROCESSED WITHOUT THE APPROVED SIGNED FIELD TRIP COPY.

ALL TEACHERS/CHAPERONES MUST COMPLETE PROFESSIONAL DAY/FIELD TRIP REQUEST FORM 9250-A

SECTION 4 - OBJECTIVES

- Structured Learning Experience (SLE): Activity designed to enhance CTE instruction; Incorporates skills, knowledge and/or interests related to CTE and career development objectives
- Industry Field Trip or CTE Field Trip: Opportunity to apply knowledge from the CTE classroom; Students observe and perform (or practice) occupational skills based on CTE major
- Recreational Academic Social-Emotional Learning

LIST THE OBJECTIVES OF THE FIELD TRIP: Students will demonstrate

LIST THE CONTENT STANDARDS (NJSLS) (MUST INCLUDE 4): _____

LIST THE SPECIFIC OPERATIONS AND/OR SKILLS TO BE OBSERVED:

PLEASE NOTE: A CLASS ROSTER OF ALL STUDENTS AND STAFF ACTUALLY ATTENDING MUST BE SUBMITTED TO THE PRINCIPAL/DIRECTOR PRIOR TO THE DAY OF THE TRIP.

SIGNATURE OF SUBSTITUTE ASSIGNED

PERIODS

DATE

SIGNATURE OF TEACHER

DATE

SECTION 5 - PRINCIPAL'S/DIRECTOR'S APPROVAL

APPROVED _____ DISAPPROVED _____

SIGNATURE OF PRINCIPAL/DIRECTOR

DATE

SECTION 6 - BUSINESS ADMINISTRATOR'S APPROVAL (if applicable)

APPROVED _____ DENIED _____

BUSINESS ADMINISTRATOR'S SIGNATURE

DATE

SECTION 7 - SUPERINTENDENT'S APPROVAL

APPROVED _____ DISAPPROVED _____ DATE OF BOARD APPROVAL _____

SUPERINTENDENT'S SIGNATURE

DATE

COMMENTS:
