**C:\Users\rudde\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HJ7ODU30\MC900187471[1].wmfOak Ridge Elementary**

**Field Trip /Activity Form**

This form is to be completed when requesting dates, events, speakers or activities. Please complete this form and return it to administration to be processed. **The form MUST be submitted one month prior to the date of the event.** The event will be verified to all parties via email after being approved**.**

Teacher/Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date: \_\_\_\_\_\_

Type of Event/Activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Purpose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Activity \_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_

Location/Place of Activity:

Number of Students Involved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Chaperones:\_\_\_\_\_\_\_\_\_\_\_

Number of Classes/Teachers:

If needed, have you done the following?

1. Arranged for custodial clean up? *Yes No*
2. Notified lunch staff? *Yes No*
3. Notified the Clinic for medication/special needs, etc.? *Yes No*
4. Requested bus a month in advance*? Yes No*
5. Parent volunteer forms processed for chaperones/speakers? *Yes No*

Start time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature:

Principal Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_ Not Approved \_\_\_\_\_\_\_

Additional Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4/11/2016