| Funds Requested: |  |
|------------------|--|
|------------------|--|

## FIELD TRIP AUTHORIZATION FORM

| Date of Request:                               | Center Name:              | Date Rec'd:         |                       |  |
|--|---------------------------|---------------------|-----------------------|--|
| <b>Person Completing Requ</b>                  | est:                      |                     |                       |  |
| When are the funds need                        | <b>ed</b> (date)?:        |                     |                       |  |
| Who is responsible for ob                      | taining and verifying re  | ceipts?             |                       |  |
|  |                           |                     | (Full name)           |  |
| Date of field trip:                            | from                      | a.m. until          | p.m.                  |  |
| <b>Destination:</b>                            |                           |                     |                       |  |
| Give complete directions and contact person:   | _                         | _                   |                       |  |
| Transportation: Head Sta                       |                           | Name of Driver      |                       |  |
| Who will provide lunch o                       |                           |                     |                       |  |
| Adults going on field trip                     | as supervisors for child  | ren?                |                       |  |
| Any special accommodate disabilities? Specify: |                           | uired for childrer  | with special needs or |  |
| Current Unit Topic:                            |                           |                     |                       |  |
| Purpose of this field trip. activities:        | Describe how this field   | trip will correlate | e to classroom        |  |
| What are your learning g                       | oals for this field trip? |                     |                       |  |
| 1.   |                           |                     |                       |  |
| 2.   |                           |                     |                       |  |
| 3.   |                           |                     |                       |  |

| List introductory activities you will plan before the trip:  List at least one activity that will serve as a follow-up experience after the field trip: |                                    |                      |                        |  |  |
|---|------------------------------------|----------------------|------------------------|--|--|
|   |                                    |                      |                        |  |  |
| What activities will the cl   | At the Center<br>nildren be doing? |                      |                        |  |  |
| YESNO If so please name What activities will these  |                                    |                      | are being taken?       |  |  |
| I certify that written pare   | ent permission will be o           | n file for each chil | ld attending the trip. |  |  |
| Signature of Teacher  |                                    | A 3                  | D:                     |  |  |
| Education Manager   |                                    | Approved             | Disapproved            |  |  |
| Amount and explanation  | of funds needed:                   |                      |                        |  |  |
| Places submit request and l   | Donard Committee assistant         |                      | a tha Family Camira    |  |  |

Please submit request and Parent Committee minutes reflecting vote to the Family Service Manager when funds are spent, receipts must be submitted to the Head Start Bookkeeper at the HREC office.