

Elkhart Area Career Center
EDUCATIONAL TRIP PLANS
Instructor Request

DIRECTIONS: Complete this form and submit it to the office **two** full weeks prior to a half-day field trip or **four** full weeks prior to an all-day field trip.

Requested by: _____ Date: _____

Trip to: _____ (Place) _____ (City)

Contact person at site: _____ Phone: _____

Trip date: _____ **AM only** **PM only** **Both**

Time leaving: _____ Time Returning: _____

Number of students: _____ Number of adults: _____

Transportation will be: _____

Educational goal of this trip is: _____

It is understood that the faculty member planning this trip will inform all students of their responsibility to make up work in classes missed while participating in this activity. The instructor is also responsible for working with the attendance secretary to ensure home schools are notified if students will be missing classes at the home school.

Instructor: _____

_____ Your educational trip plans as submitted for _____ have been approved.
You may proceed with making final arrangements for this activity.

_____ Please see an administrator concerning these trip plans.

Signed: _____ Date: _____