



FIELD TRIPS, EXCURSIONS AND OTHER STUDENT TRIPS

Students are to submit permission slips signed by parent(s)/guardian(s) prior to going on the scheduled trip and must be appropriately dressed. A teacher(s) and/or other qualified individual(s) must accompany every group.
NOTE: A detailed itinerary is to be submitted with this form. Including a breakdown of total anticipated costs; showing itemized expenses (transportation, ticket prices, etc.) and method(s) of payment.

Teacher(s) Making Request: Hollianne Sprowl Grade Level: 9-12 Request Date: 9/23/24

Date(s) of Proposed Trip: 4/25-4/30/2025 Event Name: DECA Internationals (ICDC)

Phone number(s) for 24 hour contact in case of EMERGENCY: 774-240-3421 (Hollianne) 508-759-4750 (Jess) Destination: Rosen Plaza Hotel

Address: 9700 International Dr. Orlando FL 32819

NOTE: If this is an OVERNIGHT or OUT-OF-STATE field trip, has the Plymouth School Committee approved it within the last 3 years? YES NO

If YES, indicate the date of School Committee approval: Fall 2021

IF THERE IS A CONTRACT INVOLVED WITH THE TRIP, IT MUST BE REVIEWED BY THE BUSINESS ADMINISTRATOR.

Relevance of the "proposed" field trip - *(Please attach a detailed response to the following 3 questions):*

- 1.0 How does this proposed field trip focus on helping students acquire the knowledge and skills described in the Common Core of Learning established by the Board of Education?
- 2.0 How the proposed field trip is integrated into the curriculum, or are content materials reflective of one of the core subject areas as described in the Common Core of Learning established by the Board of Education?
- 3.0 How does the proposed field trip have learning outcomes consistent with the knowledge and skills described in the Common Core of Learning established by the Board of Education?

Education Follow-Up by ALL Students: Review trip and workshops

Provisions for Students NOT Participating: Curriculum continued - review events after

Number of students NOT participating: Number of students who are participating: Do any students require medication?* YES NO

*If any student requires medication, state the provisions for attending to their medical needs: Work with Health office

Cost/Student: Cost/Teacher: Cost/Chaperone: District Cost:

Type of Transportation: Air/Van transfer Adult/Chaperone: Hollianne Sprowl/Jessica Burns

Departure Time/Place: TBD from PNHS Return Date/Time: 4/30 TBD

RECOMMENDATIONS:

Dept. Head: <u>[Signature]</u>	Approved <input checked="" type="checkbox"/>	Disapproved <input type="checkbox"/>	Date: <u>9/30/24</u>
Principal: <u>[Signature]</u>	Approved <input checked="" type="checkbox"/>	Disapproved <input type="checkbox"/>	Date: <u>9/30/24</u>
Business Administrator: _____	Contract - YES <input type="checkbox"/>	Contract - NO <input type="checkbox"/>	Date: _____
Superintendent: _____	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Date: _____

If there is not contract required, you MUST write "NO CONTRACT" in place of signature.

COMMENTS: