



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: Yvonne Okeke/Shauna King Grade Level: 10-12 Request Date: 9/23/2024
 Date(s) of Proposed Trip: 4/24/25 - 4/29/25 Event Name: DECA ICDC
 Phone number(s) for 24 hour contact in case of EMERGENCY: _____ Destination: Orlando, Florida
 Address: _____

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: Last Approval 11/15/21

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: Bus/Air/van transfer Adult/Chaperone: Shauna King, & 2nd Needed Yvonne Okeke

Departure Time/Place: TBD from PSHS/PNHAS Return Date/Time: Approx 4/29/25

RECOMMENDATIONS:
 Dept. Head: [Signature] Approved Disapproved Date: 9/20/24
 Principal: [Signature] Approved Disapproved Date: 9/20/24
 Business Administrator: [Signature] Contract - YES Contract - NO Date: _____
 Superintendent: [Signature] Approved Disapproved Date: _____

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

COMMENTS:

