

BERENDO MIDDLE SCHOOL

Field Trip Request Form

2009-2010

"All school journeys/field trips should have curricular significance. Prior to any school journey/field trip, certificated staff in charge should establish with students the objectives for the trip and its connection with current instruction or school-related activities so that the students will be guided in their observations and will be able to evaluate and gain from the experience."
... LAUSD Handbook for School Journeys/Field Trip

Please have all approval signatures and have this form filled out completely at least 4 weeks in advance of the scheduled trip

DO YOU NEED A BUS? (Check the number of bus(es) required. NOTE: 52 passengers per bus)

YES 1 2 3 Other NO

Destination: _____

Address: _____

City: _____ Zip Code: _____

Telephone Number: (____) _____

Person Contact: Name: _____ Phone Number: (____) _____

Date reserved: _____ Time of appointment: _____

Depart Berendo: _____	Destination Arrival: _____	Destination Departure: _____	Berendo Arrival: _____
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Due to school schedules, buses must depart at 9:00 AM and return to Berendo by 2:00 PM

Number of Students: _____ Grade(s) _____ Track(s) _____ Number of Teachers: _____

Name of Teacher: _____ Employee Number: _____

Name of Teacher: _____ Employee Number: _____

Name of Teacher: _____ Employee Number: _____

Teacher Assistant's required? **Yes** How many? _____ **NO** Do you need a bus for a handicap student(s)? **YES** **NO**

Brief description of educational benefit to be derived from this activity. Please state specifically an instructional objective.

The students will: _____

Approval: Mr. Roskam, Calendar _____

Ms. Graham, Cafeteria Manager _____ Lunch Needed: Yes _____ No _____

Ms. Aldana, Title I Coordinator _____

Ms. Bernstein, Assistant Principal _____ Approved _____ Not approved _____

When completed and signed, please return to Ms. Lopez in the Title One Office or Ms. Aldana's mailbox.

Thank you for your cooperation.

Marcia Y. Aldana

Revised 08/01/09

Office Use Only

Confirmation Number: _____

Name: _____

Date _____