



# Contra Costa County Office of Education

77 Santa Barbara Road, Pleasant Hill, CA 94523 • (925) 942-3388 • www.cocoschools.org

## Field Trip Request Form

(To be submitted at least two (2) weeks before trip date)

Trip Date: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Destination and Address: \_\_\_\_\_

Leave School		Arrive at Destination		Leave Destination		Arrive at School	
a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.

Will you need school lunches on this day? Yes  No  Box lunch

Name of teacher and other adults involved in plan for supervision. If swimming is planned and lifeguard is not provided by the facility, list person with WSI:

\_\_\_\_\_  
\_\_\_\_\_

Number of Students  (List names on back of this sheet, denote medically fragile students with an “^” next to their names.)

Nearest Medical Facility: \_\_\_\_\_

Method of Transportation:

Bus Bus Company’s Name: \_\_\_\_\_

Private Car List Name of Driver (s): \_\_\_\_\_

County Car List Name of Driver (s): \_\_\_\_\_  
Type of County Vehicle: \_\_\_\_\_ Vehicle Number \_\_\_\_\_

Walking

Special Transportation Arrangements: \_\_\_\_\_

\_\_\_\_\_

Estimated Mileage or Cost of Transportation:  \*Fees or Additional Costs:

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Statement on how this relates to curriculum: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Special Education Programs Only:***

Brief Statement of Objectives as related the IEP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pre-Lesson: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post-Lesson: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Signature \_\_\_\_\_

\_\_\_\_\_  
Date Submitted      Approval: Principal's Signature      Date

***Original: Teacher***

***Copy: CCCOE Site Principal***

