BURRIS LABORATORY SCHOOL
REQUEST FOR EDUCATIONALLY RELATED ACTIVITY

Please complete and return this form to the Administration office at least ten (10) days prior to the starting date of the activity. A detailed itinerary is required. A telephone number, where contact can be made with the teacher is required. The appropriate Field Trip Permission Form must be completed by every student participating in the educational activity.

DATE OF ACTIVITY: _____ STARTING TIME: _____

PLACE: _____ ENDING TIME: _____

GROUP: _____ EST. COST TO STUDENT _____

MODE OF TRANSPORTATION: _____

DESCRIPTION OF ACTIVITY: _____

EDUCATIONAL PURPOSE: _____

TEACHER/SPONSOR: _____

ADDITIONAL TEACHERS/SPONSORS: _____

ADMINISTRATIVE APPROVAL _____

TASKS:

_____ MASTER CALENDAR NOTED BY SCHOOL SECRARTY UPON APPROVAL

_____ FIELD TRIP ROSTER POSTED THROUGH E-MAIL

_____ TRANSPORATION REQUESTED

_____ PERMISSION FORMS COMPLETED

_____ CAFETERIA NOTIFIED*

_____ HEALTH HISTORY FORMS* (REQUIRED ON OVERNIGHT TRIPS)

_____ NURSE CONSULTED REGARDING MEDICAL INFORMATION

3/07