

## SITE VISIT/VEHICLE REQUEST

### Site Visit Information

Requested by: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Location of visit: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of trip: \_\_\_\_\_ Grade Level(s) \_\_\_\_\_ Number of students: \_\_\_\_\_

Departure time: \_\_\_\_\_ Return time: \_\_\_\_\_

Lunch stop?:  Yes  No If "Yes," where?: \_\_\_\_\_

Activity objective(s): \_\_\_\_\_

### Teacher Coverage Information

Teacher/Chaperone Name	Yes ✓	No ✓

Teacher/Chaperone Name	Yes ✓	No ✓

LIST ALL teachers going on the site visit and check off whether or not they need coverage.

**\* All teachers/chaperones must create an absence in Frontline as soon as this form is approved and returned to you via email.\***

### Transportation Information

Please check off: **Bus** \_\_\_\_\_ **Van** \_\_\_\_\_ **Bus provided by (other than Davies)** \_\_\_\_\_

Name of Source/Organization

Organization will reimburse Davies: Yes \_\_\_\_\_ No \_\_\_\_\_

If bus, how many busses will you need? \_\_\_\_\_

If bus, what funding source? **Perkins** \_\_\_\_\_ **General Operating Budget** \_\_\_\_\_ **Other** \_\_\_\_\_

Provide Name of Source

### Approval Status Information

Immediate Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Approved**       **Disapproved**

Assoc. Director's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Jose Libano

**Approved**       **Disapproved**

**Important Notes**

1. Teacher will send out an email list of all students attending the site visit a few days prior.
2. Teacher will check the blanket parent permission spreadsheet to ensure each student has their parent's permission to attend.
3. No site visits will be approved the week before PSATs/SATs, and two weeks before final exams.
4. Teachers will forward all Site Visit Request forms to Susan Paquin.