

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)

a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.	Trip Date:		Sc	chool:		Teache	r:	
a.m. p.m. a.m. a	Destination and	Address:_						
a.m. p.m. a.m. a								
a.m. p.m. a.m. a								
Will you need school lunches on this day? Yes No Box lunches on this day? Yes No Box lunches on the day and lifegure not provided by the facility, list person with WSI: Number of Students (List names on back of this sheet, denote medically fragile students with the modern and lifegure needs and lifegure needs are to their names.) Nearest Medical Facility: Method of Transportation: Bus Bus Company's Name: Private Car List Name of Driver (s): Type of County Vehicle: Walking	Leave Scho	ool	Arrive at I	Destination	Leave D	estination	Arrive at School	
Name of teacher and other adults involved in plan for supervision. If swimming is planned and lifegunot provided by the facility, list person with WSI: Number of Students	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m. p.m.	
Name of teacher and other adults involved in plan for supervision. If swimming is planned and lifegunot provided by the facility, list person with WSI: Number of Students	ii			į		<u> </u>	<u> </u>	
Number of Students (List names on back of this sheet, denote medically fragile students wit "A" next to their names.) Nearest Medical Facility: Method of Transportation: Bus Bus Company's Name: Private Car List Name of Driver (s): Type of County Vehicle: Walking Walking	Will you need sc	hool lunch	nes on this da	y? Yes 🗌		No 🗌	Box lunch	
Number of Students	Name of teacher	and other	r adults invol	ved in plan for	supervision.	If swimming	is planned and lifeguard	
Method of Transportation: Bus Bus Company's Name: Private Car List Name of Driver (s): Type of County Vehicle: Walking	not provided by	the facility	y, list person v	with WSI:	-			
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County Car List Name of Driver (s): Vehicle Number Vehicle Number	Bus	Bus Com	npany's Name:					
Type of County Vehicle: Vehicle Number	Private Car	Private Car List Name of Driver (s):						
Type of County Vehicle: Vehicle Number	County Con	List Non	no of Deixor	(c)·				
☐Walking —	County Car					Vehicle	Number	
		1)1001	. Godiney ven					
Special Transportation Arrangements:	∐Walking							
	Special Trans	sportation	Arrangement	ts:				
		Готаноп						
Estimated Mileage or Cost of Transportation: *Fees or Additional Costs:	Estimated Milea	ge or Cost	of Transport	tation:	 *Fe	es or Addition	al Costs:	

Field Trip Request Form Page 2

Purpose:		
Brief Statement or	n how this relates to curriculum:	
Special Education	on Programs Only:	
Brief Statement of	Objectives as related the IEP:	
Pre-Lesson:		
Post-Lesson:		
Teacher's Signatus	re	
Date Submitted	Approval: Principal's Signature	Date

Original: Teacher

Copy: CCCOE Site Principal



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DAILY OFF CAMPUS RECORD

Date: Destination:									
Staff Person(s) Responsible:									
Method of Travel (walking, truck, priva	te car, etc.):								
Departure Time:		Return Time	<u>. </u>						
Participants (including staff)	Room Number	*N	on-participants						
		*Non-par	ticipant's Assignment						
		Room Number	Staff Person(s) Responsible						