**FIELD TRIP DESTINATION REQUEST**

*Requests are submitted on a monthly basis to the Board of Education for approval of destinations for field trips. All requests must be typed and submitted the school's designated Assistant Superintendent with original signatures one week prior to the board cut-off date.*

***THIS FORM IS USED TO ATTAIN BOARD APPROVAL FOR A SPECIFIC DESTINATION.***

 ***\*\* IT DOES NOT GRANT PERMISSION TO ATTEND A FIELD TRIP.\*\****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **School:** |  |
| **Date of Request:** |  |  | **Date of Trip:** |  |
| **Destination:** |  |

**Educational Necessity:**

|  |
| --- |
|  |

**District Curriculum Connection:**

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| --- |
|  |

**New Jersey Student Learning Standards Connection:**

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| --- |
|  |

**For School**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature:** |  | **Date:** |  |
| **Principal Signature:** |  | **Date:** |  |

**For Assistant Superintendents’ Office**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assistant Superintendent Signature:** |  | **Date:** |  |

**ONCE APPROVED BY ASSISTANT SUPERINTENDENT PLEASE EMAIL APPROVED DESTINATION REQUEST TO**

**ACADEMICSERVICES1@PATERSON.K12.NJ.US**