



# Off-Site Activity Proposal Administrative Procedure 8.80A

8.0 Safe Schools

Date Submitted: \_\_\_\_\_

School: \_\_\_\_\_

Teacher In Charge: \_\_\_\_\_

Grade Levels/Groups: \_\_\_\_\_ Number of Students: \_\_\_\_\_

What are your tentative plans?

Destinations/Location: \_\_\_\_\_

Activities: \_\_\_\_\_

Dates: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Adults Involved? Number of Staff: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Depart School: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Depart Destination: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Return to School: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Estimated costs? \_\_\_\_\_

How will these be paid? \_\_\_\_\_

Is this trip curricular? Learning outcomes being addressed? \_\_\_\_\_

Is the trip co-curricular? Curricular areas being addressed? \_\_\_\_\_

Is this trip extra-curricular? Details: \_\_\_\_\_

Identify any special risks involved and your plans for them: \_\_\_\_\_

\_\_\_\_\_

Identify any plans for students with special needs: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

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Principal to Complete this Section:

**Proposal Approved**

**Proposal Forwarded** (all high-risk activities and overnights must be sent to Superintendent)

**Denied** - Reasons: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Superintendent to Complete this Section:

**Proposal Approved**

**Teacher needs to Submit 8.80B: Off-Site Activity Detailed Plan by:** \_\_\_\_\_

**Denied** - Reasons: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

Date: \_\_\_\_\_