8.80 A: Off - Site Activity Proposal		
Date submitted:		
School:		
Teacher-In-Charge:		
Grade Level(s) / Group(s):		Number of Students:
What are your tentative pl	ans?	
Destination(s) / Location(s):		
Activities:		
Date(s):		
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? Learn	ing outcomes being addres	ssed?
Is this trip co – curricular? C	Curricular areas being addr	essed?
Is this trip extra – curricular	? Details.	
Identify any special risks inv	olved and your plans for t	nem.
Identify any plans for studer	nts with special needs.	
OTHER:		
	THE SECTION.	
PRINCIPAL TO COMPLETE PROPOSAL APPRO		
		ties and overnights must be sent to
Superintendent)		
DENIED Reason(s):		
Principal's Signature		
Date		
SUPERINTENDENT TO CO	MPLETE THIS SECTION:	
PROPOSAL APPRO		
 	ubmit <i>8.80 B: Off</i> – Site A	Activity Detailed Plan by:
DENIED Reason(s):		
Superintendent's Signature	T	
Date		