

HALIFAX COUNTY SCHOOLS
HALIFAX, NORTH CAROLINA

TO BE USED FOR ALL FIELD TRIPS

School _____ Teacher(s) _____

Grade / Subject _____ # of Students _____ Date of Trip _____

Destination(s) _____ (attach an Itinerary)

Type of Transportation: Walking _____ School Bus _____ Activity Bus _____
Commercial Vehicle _____ / Company Name _____

EDUCATIONAL OBJECTIVES: (as they relate to NC Standard Course of Study)

1. _____
2. _____
3. _____

PROCEDURES AND FOLLOW-UP:

1. _____
2. _____
3. _____

EVALUATION:

1. _____
2. _____
3. _____

SAFETY PRECAUTIONS:

1. _____
2. _____
3. _____

Cost Per Student _____ Cost related to _____ Number of Chaperones _____

I have discussed thoroughly this field trip with the teacher and I am convinced that it will have a significant educational value to the students in learning the material to be mastered at this grade level or subject area.

SIGN AND DATE

**Please send FT-1 and FT-2
to appropriate Supervisor
or Director**

Principal
Academic Supervisor or
Program Director

Superintendent