

FIELD LESSONS

PNP School Request for Approval of Field Lesson

Name of School _____

Group or Class* _____

Teacher(s) _____

Place to be Visited
(Give physical address) _____

Purpose of Visit/Specific Learning Activities
(Attach Field Lesson Implementation Plan) _____

Day(s) of Visit _____ **Date(s) of Visit** _____

Departure Time _____ **Return Time** _____ **School Time Required** _____

Number of Students* _____ **Minimum Number of Chaperones Required** _____
Student-to-Chaperone Ratio: 10 to 1

Chaperones
(First and Last Names)

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Registration/Admission Cost (per Person) _____

Registration/Admission Cost (Total Group) _____

Type of Transportation School Bus/Van Rental Vehicle (12-passenger van only)

Cost of Transportation _____

To Be Submitted Immediately with the completed Field Lesson Request:

- Itinerary Details
- Transportation Proof of Liability

To Be Verified No Later Than 3 Business Days Prior to Actual Date of the Field Lesson Experience:

- The PNP School agrees to collect and retain at the school:
Parent Approval Forms /Medical Release Forms - with signatures
(Mark the box to indicate the PNP School's assurance of the above directive.)

During the field lesson, students and adults are expected to follow established protocols for safety and responsible behavior that comply with acceptable practices of HISD and the PNP School.

Signed: _____ Date: _____
Principal

Printed: _____
Principal

APPROVAL:

Signed: _____ Date: _____
Catapult Learning Representative