



# WAYNE STATE UNIVERSITY

C2 Pipeline

## FIELD TRIP LESSON PLAN FORM

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Requestor Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Site: \_\_\_\_\_

Destination: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Venue Contact & Phone Number: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

Approximate Cost: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Field Trip:

Regular Day Trip

Extended/Overnight

Bus Request Complete?

Yes  No

Loading Bus Time: \_\_\_\_\_

Arrival at Destination Time: \_\_\_\_\_

Lunch Time Plans:

Bag Lunch

Student Responsible

Loading Bus Time to Return: \_\_\_\_\_

Return to Site Time: \_\_\_\_\_

Check Request Complete?

Yes  No

Student Medical Concerns/ Medications?

Yes       No

If so, explain? \_\_\_\_\_

Permission Slip Completed?

Yes       No

Chaperone Guidelines Distributed?

Yes       No

Partners Involved? \_\_\_\_\_

Purpose of Trip:

Curriculum goal(s) which this trip supports:

Grant goal(s) which this trip support:

Describe learning activities that will take place on site:

Describe follow-up that will take place in afterschool setting:

Additional Comments:

Requester Signature: \_\_\_\_\_

**\*\* Along with this form, please submit your Check Request Form, Transportation Confirmation and Venue Invoice\*\***