To: Dr. Sophia Redmond-Jones

From: Roxie Thomas

Date: August 22, 2014

Re: Out of State Field Trip Request



I am requesting School Board approval for a field trip to County Line Orchard in Hobart, Indiana for the two kindergarten classes at Whittier School on October 1, 2014.

Please find attached the necessary documentation for this request. Thanks in advance for your continued support and cooperation.

Cc: Dr. Denean Adams //



Harvey School District 152 Field Trip Approval Form

School(s): Whitter		Date of Request: 8-25-14	
Types of Field Trip	ps: X Day Trip	Overnight Trip	X Out-of-Town Trip Hobart, Indiana
Educational ratio	nale for the field trip: To lea	arn the lite c	ycle of apples and
			on process, and the
working	s of an orchard	1	10 mm 2 mm
Date(s) of proposed trip:	Oct. 1, 2014	# of Students Participating	approx 40
Staff requesting trip	Lori Baker	# of Chaperones	6
Date/Time of Departure	9:30	Date/Time of Return	2:00
Destination(s)	Hobart, IN	Lunch Arrangements:	Sack lunch
Source(s) of Funding	Parents	Cost per Student	\$15.00
Total Cost of Trip	prox. \$500,00	Type of Transportation	Bus
Number of days of school or instruction missed.	1	Emergency/Medical Arrangements	
1. 2. 3. 4. 5. 6. Notes: • Adequate • Chaperor • A writter • Writter • Field Tri • Two	e male and female chaperones must nes must be approved by Principal in evaluation of the trip must be file permission from the parent for his/lip Approval Form must be submitted (2) weeks for regular day trip (1) month for overnight and/or out	t be provided at a ratio of I and must have completed d in the office of the princi her child to take trip must be ed to the Office of Special	a criminal background check. pal within three days following the field trip. be filed with the principal.
Signature of Principal	Date	Signature of Superi	ntendent /Date (Overnight and Out of Town)
	A detailed itinerary for the	proposed trip must be in	ocluded with the form.

Revised 10/13

FIELD TRIP REQUEST FORM

Alltown Bus Service, Inc. 7300 N. St. Louis Ave. Skokie, IL 60076 (847) 674-0090-Phone (847) 674-4449 Fax

NAME:	DISTRICT 1	52			
ADDRESS:	DRESS: 16001 S. LINCOLN, HARVEY, IL. 60426				
		*BILLED ACCOUNT			
YOUR NAME:	First Name	Baker Last Name			
TELEPHONE #:	08) 331-1130 FA	X #: _(708) 333-9162			
PICK UP ADDRESS: Whittier 71 E. 152nd St., Harvey, IL. 60426					
DATE OF FIELD TRIP 10 / 1 / 14 (One date per sheet) (Month) (Day) (Year)					
PICK UP TIME: 9: 15 AMOR PM					
Name of Location County Line Orchard					
Address of Location: 200 County Line Rd City: Hobart State: IN					
PICK UP TIME FROM DESTINATION: 12:30 AM OR PM					
# OF BUSES					
ANY WHEELCHA (If yes): How many		How many Walk-Ons 50			

PLEASE NOTE: BY SENDING THIS REQUEST YOUR BUS WILL BE RESERVED. IF YOU WANT TO CANCEL YOUR REQUEST, PLEASE CALL US IMMEDIATELY TO AVOID ANY FEES WHETHER YOU SIGN THE CONFIRMATION (CONTRACT) OR NOT.

PLEASE FAX THIS FORM TO (847) 674-4449. YOU SHOULD RECEIVE A TRIP CONFIRMATION WITHIN 24 HOURS