



Field Trip Board Approval Form

Instructor: S. States

Date of Request: 2/17/2017

Program: HEA

Session: AM ☐ PM ☐ Both ☒

Date(s) of Trip: April 2017

Time(s): 8:15 am - 10:30 am
12:15 pm - 2:30 pm

Number of students participating: 44

Destination:

VA Medical Center

Address: 38th St. Erie Pa

Mode of transportation: School Bus

List of chaperones (where applicable):

one teacher aide for Both Am + pm

Educational Rationale:

To see a government facility for type of pt care.

Cost to students: none (Attach an itemized description if necessary)

Cost to Program: School bus

Where applicable please attach itinerary.

Principal's Signature: Joseph Tarasinto

Date: 2/22/17

Applicant's Signature: _____

Date: _____

Board Approval Date: _____