



Field Trip Board Approval Form

Instructor: Sherry States

Date of Request: 2/15/2019

Program: HEA

Session: AM ☐ PM ☐ Both ☒

Date(s) of Trip: to be scheduled

Time(s): 8:15 am to 10:25 am
12:15 pm to 2:30 pm

Number of students participating: 15 am and 24 pm (total 39)

Destination:

(814) 866-6641
LECOM (Lake Erie College of Osteopathic Medicine)

Address: 1858 Grandview Blvd. Erie PA 16509

Mode of transportation: School Bus

List of chaperones (where applicable):

Mrs States & one other (maybe teacher aide)

Educational Rationale:

To tour medical school & Discuss current entry requirements.

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

Cost to Program: School bus (?)

Where applicable please attach itinerary.

Principal's Signature: Joseph Trosavitch

Date: 2/12/19

Applicant's Signature: Sherry States

Date: 2/12/2019

Board Approval Date: _____