



Field Trip Board Approval Form

Instructor: S. States Date of Request: 2/18/20

Program: HEA Session: AM ☐ PM ☐ Both ☒

Date(s) of Trip: May 6 (Pending) Time(s): 8²⁰ - 10¹⁵ am

Number of students participating: Am 17 Pm 22 12²⁰ - 2:20 pm

Destination: HECOM (Lake Erie College of Osteopathic Medicine)

Address: 1858 W. Grandview Blvd

Mode of transportation: School Bus

List of chaperones (where applicable):
1 Teacher Aide

Educational Rationale:
Looking at school of Pharmacy & participating in Pharmacy activities while there. (HEA 386)

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

Cost to Program: just for school Bus

Where applicable please attach itinerary.

Principal's Signature: Joseph Tarsanital Date: 2/19/20

Applicant's Signature: S. States Date: _____

Board Approval Date: _____

All Erie County Technical School Field Trips Must Adhere to Operating Committee Policy #231

ISO Form #: 2700.03.01	Revision Date: March 3, 2011
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