

OFF-CAMPUS EDUCATIONAL ACTIVITY

Administrative Approval

Sonoma County Office of Education

Instructions: Complete form and forward to site administrator four (4) weeks prior to the date of the proposed activity.

Teacher _____ Class Phone _____

Class Site _____

Location of Off-Campus Activity _____ Date of Activity _____

Location Address _____ Location Phone _____

Planned number of participants: Students _____ Staff _____ Adult Volunteers _____ Peers _____

Mode of Transportation _____

If applicable, list the drivers of private vehicles who have completed the *Application to Drive for School Functions* and received approval:

_____	_____
_____	_____
_____	_____

School Site Departure Time _____

Location Arrival Time _____

Location Departure Time _____

School Site Return Time _____

Funding Source _____

Proposed Cost of Trip _____

Describe the activity and state the instructional objective(s)

Describe any special needs

Indicate type of parental permission form to be used. *Complete and attach a sample copy of the form to be sent to parents/guardians.*

- General Parent Consent Form Walking Activity Consent Form
 Community-Based Activity Consent Form Other

Teacher's Signature _____ Date _____

Site Administrator Approval _____ Date _____

Comments _____