6153 - OFF-SITE LEARNING PROPOSAL

Date S	Submitted:		
School:		Faculty Sponsor:	
Trip D	Destination:		
Departing Date & Time:		Grade(s):	
Return	ning Date & Time:		
1.		: How is this trip correlated with your classroom studies? Is rriculum area or self-developed units?	
2.	Per-Activities: What do you plastudents ready or knowledgeable	n to do before the off-site learning experience to get	
3.	On-Site Field Work: What to yo	ou plan to study at the outing?	
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4.	Post-Activities: What do you plan to do after the students have completed the off-site learning experience?	
ATTA	CH COPY OF DAILY ITINERARY	
	Teacher's Signature	
	Principal's Signature	
_	perwork is scanned and emailed to the Executive Administrator of School's nistrative Assistant, upon the principal's approval.	
Form	# 6153 to be used for the school year 2021-2022	