

**WELLINGTON EXEMPTED VILLAGE SCHOOL DISTRICT
OFF CAMPUS EDUCATIONAL EXPERIENCE**

Please print or type

Name of Organization: _____ **Date:** _____

Destination – State exact location and location name:

Date of Trip: _____ **Time of Departure:** _____ **Return:** _____

Number of students: _____

Describe the method of transportation. (If other than school bus, give name and address of firm)

Itemize the cost:

1. Transportation _____ **2. Fees and Admissions** _____

3. Other _____

TOTAL COST _____

Are there funds on hand? Yes _____ **No** _____ **If funds are not on hand, give complete details on how funds will be raised:**

List Chaperones:

Name	Address	Telephone
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Explain how this experience relates to the grade-level curriculum and the CIP:

Signature of sponsor: _____

Principal: **Approved** _____ **Disapproved** _____ **Signature:** _____

Supt. **Approved** _____ **Disapproved** _____ **Signature:** _____

Bd. of Ed. **Approved** _____ **Disapproved** _____ **Signature:** _____
President (If beyond 125 miles)