



COMMUNITY VOCATIONAL SERVICES FIELD TRIP SYNOPSIS & REQUEST FORM

Submit to the Pius Administration

SECTION I

Teacher's name: _____

Program of study: _____ Group number: _____

Module name: _____ Module code: _____

Start date:

Y							

 Start time: _____ ☐ AM ☐ PM

End date:

Y							

 End time: _____ ☐ AM ☐ PM

Means of transportation: ☐ Public transportation ☐ Car ☐ Walk

Destination: _____

Teacher accompanying student: ☐ Yes ☐ No. If No, where will you be located? _____

Describe how the activity is related to the module & its benefits to learning

Teacher's signature: _____

Please attach the student assignment (worksheet) related to the learning activity

NB: This form must be submitted to administration at least 3 days prior to the field trip

SECTION II

ADMINISTRATION USE ONLY

ADMINISTRATOR'S SIGNATURE: _____ DATE:
