

# Minnesota Valley Education District

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## Off Campus Outings

This form must be turned in a minimum of five (5) school days prior to date of request.  
Forms should be turned into Program Coordinator.

Classroom/Group(s) \_\_\_\_\_

Date of Off Campus Outing: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Time Group is Leaving Campus: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Educational Merit/IEP Related (Please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preparation Activities (i.e. weekly lesson plans): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Transportation: \_\_\_\_\_ Need Bus \_\_\_\_\_ School Van \_\_\_\_\_ Walking

Estimated Costs of Outing: \$ \_\_\_\_\_

Number of Students Attending: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

Plans for Students Unable to Attend Outing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Staff Leading Outing: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

\_\_\_\_\_ Transportation Scheduled (attach form)

Coordinator's Signature: \_\_\_\_\_

cc: Director, Lead Staff, Transportation, Office Staff