 P 811Q

MARATHON SCHOOL

61-25 Marathon Parkway

 Little Neck, New York, 11362

718-224-8060 Fax 718-224-5914

[www.811Q.weebly.com](http://www.811Q.weebly.com)

Independence-Collaboration-Technology-Communication

 Nicole Avila

 **Principal Assistant Principals**

**Elementary Offsites**: P 37**,** P 147, P 822 Yvette Miguez

**Intermediate Offsites:** 227 Katis Romig

**High School Offsites:** Bayside HS, Francis Lewis HS, QHST Michel Rueda

 **Request for Class Trip**

**Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Code:\_\_\_\_\_\_\_\_\_ Room:\_\_\_\_\_\_\_\_**

**Date of Trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ongoing? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

**Start/Stop Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Attach calendar, if not weekly)**

**Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Address (must include zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time of Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Students: \_\_\_\_\_\_ Wheelchairs: \_\_\_\_\_\_\_ Ambulatory:\_\_\_\_\_\_**

**Ambulance Required? (name of student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Number of Adults (including therapists, nurse, etc.) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AC required? (name of student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names of Students who require a nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return to School for Lunch?: Yes \_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assistant Principal Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lesson Plan Approved Y\_\_\_ N\_\_\_\_**