

OVERNIGHT FIELD TRIP REQUEST FORM

Trip requests MUST be submitted to the Business Office 30 days in advance of the date of the trip for subsequent School Committee approval.

PERSON IN CHARGE OF TRIP: _____

DATE OF TRIP: _____ APPLICATION DATE: _____

SCHOOL: _____ GRADE: _____ SUBSTITUTE NEEDED? _____

PLACE: _____ HOW TRANSPORTED? (Indicate below)

Charter Vehicle (Company Operator) _____ Rented Vehicle (Teacher Operated) _____ Other (describe below)

DESTINATION: _____

ESTIMATED TOTAL MILES (round trip)? _____ BILL TO: _____

DEPARTURE TIME: _____ TIME OF RETURN: _____

NUMBER OF STUDENTS: _____ NUMBER OF ADULTS: _____ COST PER STUDENT? _____

COST PER CHAPERONE? _____ HOW FUNDED? _____

Do any students have any special transportation needs (i.e. wheelchair)? _____

Do any students have any special medical needs (i.e. medication, nurse)? _____

HAVE ALL CHAPERONE(S) AND BUS DRIVER(S) COMPLETED AN APPROVED C.O.R.I. FORM? _____
(Attach list of chaperones that completed CORI form.)

EDUCATIONAL VALUE OF TRIP? _____

PLACE STAYING? _____ PHONE # _____ COST PER NIGHT? _____

TEACHER(S) SIGNATURE: _____

IF BUDGET-FUNDED, AMOUNT REQUESTED: \$ _____ BUDGET CODE: _____

IF STUDENT-FUNDED, AMOUNT REQUESTED: \$ _____ HOW COLLECTED? _____

DEPT. CURRICULUM SPECIALIST APPROVAL: _____ DATE: _____
(signature)

PRINCIPAL/DIRECTOR APPROVAL: _____ DATE: _____
(signature)

ASST. SUPERINTENDENT FOR BUSINESS/HR APPROVAL: _____ DATE: _____
(signature)

SCHOOL COMMITTEE APPROVAL? YES _____ NO _____ DATE: _____ VOTE: _____