

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:

June 2004