## FIELD TRIP APPLICATION FORM

Form to be	submitted 30 days <sub>l</sub>	orior at minimum	
Date of Application: Date of Field Trip:			
Staff Membe	er(s) Sponsoring the F	ield Trip:	
Class/Course	Supported by the Fie	eld Trip:	
Target Group	o of Students:		
Number of S	tudents:		
Cost per Stu	dent:		
Time of Depa	arture:		
Time of Retu	ırn:		
Destination/	Location:		
Does this Field Trip require School Committee approval as an overnight trip? Yes No			No
Meal Arrang	ements (if applicable)	:	
Please attac	h a description of the	activity that includes:	
<ul> <li>Stan</li> <li>Fina</li> <li>Liabi</li> <li>Ethic</li> <li>Pre-</li> <li>Post</li> <li>Alter</li> </ul> A list of stud	ility / Insurance Cover cs Disclaimer, if applic Trip lesson/activity -Trip lesson/activity/a rnate activity for stud	sing Outlined, if applicable rage able assessment ents who do not attend Field Trip eld Trip must be distributed to administrators an	d staff members at
		·	
Principal			
Transportati	on arranged with:		
Transportation arranged by:		Date:	
Copy to:	Cafeteria Mgr. <b>C</b>	opy to: Activity Fund Treasurer Copy to:	School Nurse