

FIELD TRIP APPLICATION FORM

Form to be submitted 30 days prior at minimum

Date of Application: _____ Date of Field Trip: _____

Staff Member(s) Sponsoring the Field Trip: _____

Class/Course Supported by the Field Trip: _____

Target Group of Students: _____

Number of Students: _____

Cost per Student: _____

Time of Departure: _____

Time of Return: _____

Destination/Location: _____

Does this Field Trip require School Committee approval as an overnight trip? Yes _____ No _____

Meal Arrangements (if applicable): _____

Please attach a description of the activity that includes:

- Trip itinerary
- Standards addressed (District/State/National)
- Financial Needs / Fundraising Outlined, if applicable
- Liability / Insurance Coverage
- Ethics Disclaimer, if applicable
- Pre-Trip lesson/activity
- Post-Trip lesson/activity/assessment
- Alternate activity for students who do not attend Field Trip

A list of students attending the Field Trip must be distributed to administrators and staff members at least one (1) week prior to the planned Field Trip.

Approved: _____ **Date:** _____

Principal

Transportation arranged with: _____

Transportation arranged by: _____ Date: _____

Copy to: _____ Cafeteria Mgr. **Copy to:** _____ Activity Fund Treasurer **Copy to:** _____ School Nurse