

Original to Teacher Making Request
Copy to Principal
Copy to Superintendent

WOOSOCKET PUBLIC SCHOOLS
108 High Street
Woonsocket, Rhode Island 02895

Form Date: 7/14/00

FIELD TRIP REQUEST FORM

Field Trip Destination: _____ Date of Request: _____
Grade / Organization _____
Requesting Field Trip: _____ Teacher Responsible: _____
School: _____

If applicable, on the line above, list the name and telephone number of the travel agent arranging this trip

In the event a field trip participant must be contacted at the scheduled destination, please provide a contact name and telephone number on the line above

Departure Date: _____ Time of Departure: _____ Number of Students Expected to Attend: _____
Return Date: _____ Return Time: _____ Transportation Mode: _____
Total # Days of the Field Trip: _____ Total # Days Away From the Building: _____ Transportation Vendor: _____
Total # Chaperones: _____ Total # Substitutes: _____ Transportation Cost: _____
List All Teachers Chaperoning this Trip: _____ Admission Costs: _____
_____ Miscellaneous Costs: _____
_____ Total Cost of Field Trip: \$ _____
_____ Total Cost Per Student: \$ _____

Indicate all sources of funding that apply: Grant Parent Support Group Fund-raising Other (explain below)

Educational Justification for the Field Trip: _____

Attach itinerary / other information if necessary

Overnight trips must be submitted to the Superintendent at least one week prior to a regularly scheduled School Committee meeting. The supervising teacher whose name appears on this form shall be responsible for making all arrangements for the trip (including but not limited to: obtaining all necessary permission slips, pre-paying if necessary all admissions, permits, fees, transportation, etc.).

School nurse-teachers are not allowed to supply medications for field trips. (See Field Trip Medical Form).

List all students who have written permission to self-carry and self-administer medication on your field trip:

Supervisor's Recommendation:
 Approved Denied Date: _____

Comments: _____

(Supervisor's Signature)

Building Principal's Recommendation:
 Approved Denied Date: _____

Comments: _____

(Principal's Signature)

Approved Denied Date: _____

Recommended for School Committee

Scheduled for School Committee Meeting of: _____

(Administrator's Signature)

Comments: _____