

**NEW BEDFORD PUBLIC SCHOOLS
SCHOOL SPONSORED FIELD TRIP/FIELD DAY REQUEST**

Regardless of funding or transportation needs, all requests must be sent to the Assistant Superintendent's Office for approval.

Name of Staff Member Requesting Permission _____ Date _____

School _____ Grade _____ Subject _____

1. TYPE OF REQUEST: Check appropriate area(s)

____ Field Trip: In-state ____ Trips/Exchanges ____ International***
____ Field Trip: Out-of-state** ____ Overnight*** ____ Field Day
____ Extracurricular*

* An "After School Medical Emergency Information Form" must be completed by all students.

** School Committee approval required beforehand.

*** An "After School Medical Emergency Information Form" must be completed by all students & School Committee approval required.

2. TRIP INFORMATION:

a. Date(s) of Trip/Field Day: _____

b. Location: _____

Address: _____ City: _____ State: _____

c. Transportation: Walking Tour _____ Bus _____ Train _____ Airplane _____

Please arrange transportation for my group.

Source of funds:

Local Field Trip Budget
 School Activities Fund

Grant _____
 PTO: _____
 OTHER: _____

I will coordinate my own transportation.

SPECIAL BUSSING (ex: wheel chair van, car seats,) _____

d. Departure/arrival information: Location of Pickup _____
(Street)

Time of departure from school _____ Time of arrival at destination _____

Time of departure from destination _____ Time of return to school _____

e. Number of students _____ Number of chaperones _____

f. Names of teachers and chaperones _____

3. Fill in all that apply:

- a. Total cost per student: _____
- b. Source of funds: _____
- c. Provision for meals: _____ Where will you eat lunch? _____
- d. Emergency telephone contact at destination: _____

4. Purpose of Trip/Connection to curriculum: _____

5. Written report to be submitted to Asst. Superintendent's Office at the end of the trip.

6. Nursing:

Special medical requirements: _____

- A nurse needs to attend A nurse does **NOT** need to attend

Nurse: _____ Date: _____ Approved _____ Denied _____

(School nurses are not able to grant approval for field trips that take place after school hours and/or weekends).

By signing below, I certify that the appropriate medical emergency forms have been collected from all students.

Principal: _____ Date: _____ Approved _____ Denied _____

Superintendent's/Asst. Supt. Office Use only:

Nursing
Supervisor: _____ Date: _____ Approved _____ Denied _____

Superintendent
or Designee: _____ Date: _____ Approved _____ Denied _____

Rev. 8/13

Submitted to Transportation on _____

Submitted to Sp.Ed. _____