

GREENFIELD PUBLIC SCHOOLS

Date of request: _____

FIELD TRIP REQUEST

This request needs to be completed and submitted to the principal three weeks in advance. Attach the list of students to be included.

School: _____ Class: _____ # of Students _____

Date of Field Trip: _____ Destination: _____ Distance: _____

Departure: _____ a.m./p.m. Arrival: _____ a.m./p.m. Return: _____ a.m./p.m. Arrival: _____ a.m./p.m.

Purpose & how this relates to school program: _____

Adults who will chaperone, for # _____ students (anticipated)

All chaperones must have a current CORI check. The field trip coordinator is responsible for checking with the main office.

| | | | |
|------------------|------------------|------------------|------------------|
| 1. _____ Name | 3. _____ Name | 5. _____ Name | 7. _____ Name |
|------------------|------------------|------------------|------------------|

| | | | |
|----------|----------|----------|----------|
| _____ | _____ | _____ | _____ |
| Position | Position | Position | Position |

| | | | |
|------------------|------------------|------------------|------------------|
| 2. _____ Name | 4. _____ Name | 6. _____ Name | 8. _____ Name |
|------------------|------------------|------------------|------------------|

| | | | |
|----------|----------|----------|----------|
| _____ | _____ | _____ | _____ |
| Position | Position | Position | Position |

Costs of Admissions: \$ _____ Other Trip Costs: _____

Payment Sources/plan: _____

Plan if trip covers lunchtime: _____ Contact made with _____ in food services.

Student Medical: how identified and plan to handle? _____

Nurse assigned (if applicable): _____

Special Ed & 504 student accommodations, how identified and handled? _____

Transportation: Contact made with Transportation Dept. (772-1407): Yes No Trip Scheduled: Yes No

Contracted Transportation: Yes No District Transportation: Yes No Other: _____

Field trip Coordinator: _____ Contact Number: _____

FOR OFFICE USE

Approval: _____
(Principal / Date)

Approval: _____
(Nurse / Date)

Approval: _____ (any trip with costs, out-of state, and/or overnight)
(Superintendent / Date)