

APPLICATION FOR FIELD TRIP

School: _____ Date of Application: _____
Teacher-Leader: _____

Description:

Purpose _____

Type: Co-curricular Extended Co-curricular Extra-Curricular

Category: A B C D

NB: (All Type C Field Trips must be approved by the Office of the Superintendent and Category D Field Trips must be approved by the Board of Trustees)

Destination:

Town: _____

School: _____

Time Frame:

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Contact Phone #'s:

School: _____ Cell: _____

Participants:

Grade(s) _____ Number: _____

Supervision: (For overnight and coeducational trips, male and female supervisors are required)

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

Transportation:

Walking

Commercial Carrier

GYPSP

Private Vehicles

Other

Bus #

Activity

Bus #

Parental Involvement:

1. How were parents/guardians made aware of trip?

2. When were they informed?

3. Who informed them?

Teacher-Leader to Sign Once Completed: NAME _____

SIGNATURE _____

DATE _____

Approved by Principal

Date

NB: Attach appropriate additional forms and information as required by Administrative Procedure 260 when completing the application.

DISTRIBUTION: File at school level, copy to Office of the Superintendent