

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

Regardless of funding or transportation needs, all requests must be sent to the 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, Grant, School Activities Fund, PTO, OTHER

[] I will coordinate my own transportation.

d. Departure/arrival information:

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. Lodging: _____ Cost: _____

c. Source of funds: _____

d. Provision for meals: _____ Where will you eat lunch? _____

Form A
(continued)

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- e. Emergency telephone contact at destination: _____
- f. Passport needs: _____
- g. Estimate of additional expenses: _____

4. **Purpose of Trip/Connection to curriculum:** _____

5. **Written report to be submitted to the 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 Office Use only:	
Nursing Supervisor: _____	Date: _____ Approved _____ Denied _____
Superintendent or Designee: _____	Date: _____ Approved _____ Denied _____

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Submitted to Transportation on _____