

NEW BEDFORD SCHOOL COMMITTEE
SCHOOL SPONSORED TRIP REQUEST

Name of Staff Member _____
Requesting Permission _____ Date _____

School _____ Grade _____ Subject _____

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

___ Field Trip: In-state ___ Trips/Exchanges ___ Extracurricular
___ Field Trip: Out-of-state ___ Overnight ___ International

2. TRIP INFORMATION:

a. Date(s) of Trip _____

b. Location _____
Address: _____ City: _____ State: _____

c. Transportation ___ Bus ___ Train ___ Airplane ___ Walking Tour

Name of Carrier _____
Cost of Transportation _____ Bill to: _____
OR amount of check (attached) _____

d. Departure/arrival information
Time of departure from school _____ Time of departure from destination _____
Time of arrival at destination _____ Time of return to school _____

e. Number of students _____ f. Number of chaperones _____

f. Names of teachers and chaperones _____

3. Fill in all that apply:

- a. Total cost per student: _____
- b. Lodging: _____ Cost: _____
- c. Provision for meals: _____ Where will you eat lunch? _____
- d. Emergency telephone contact at destination: _____
- e. Special medical requirements: _____
- f. Passport needs: _____
- g. Estimate of additional expenses: _____
- h. Source of funds: _____

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

5. **Describe classroom follow-up to trip:** _____

6. **Written report to be submitted to the Superintendent's Office is expected at end of trip.**

Principal: _____ Date: _____ Approved _____ Denied

Superintendent or Designee:

_____ Date: _____ Approved _____ Denied

