FORM H
Revised: 10/2020

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

****Once approved by the Deputy Superintendent, make a **copy** of **approved** Form H and submit attached to Form B (Withdrawal Slip to pay the field trip vendor) to Finance & Operations****

Regardless of funding or transportation needs, all requests* must be complete and sent to the Deputy Superintendent's Office for approval at least TWO WEEKS in advance.

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

***PLEASE NOTE: School Committee approval is required beforehand on ALL Out-of-state and Overnight trips. Supporting documents must be attached.**

2. TRIP INFORMATION:

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

b. Location: _____

Address: _____ City: _____ State: _____

c. Emergency telephone contact at destination: _____

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

☐ Please arrange transportation for my group.
☐ I will coordinate my own transportation.

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

_____

e. 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: _____

f. Number of students: _____ Number of chaperones: _____

g. Names of teachers and chaperones: _____

_____

_____

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

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3. Fill in all that apply:

a. Total cost per student: _____

b. **Source of funds:** (Must be completed) _____

☐ Local School Budget $ _____ ☐ PTO: $ _____
X School Activities Fund $ _____ ☐ Other- Please specify: _____ $ _____
☐ Grant: $ _____ **TOTAL AMOUNT:** $ _____

c. Classroom substitute needed? Yes _____ No_____

If yes, please check one (√): Building substitute will cover class: _____
Additional substitute(s) will be needed: _____

4. Purpose of Trip/Connection to Curriculum: _____

_____

_____

_____

_____

5. Medical Needs:

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 <u>appropriate</u> medical emergency forms have been collected from all students.

Principal/Headmaster: _____ Date: _____ Approved: ____ Denied: ____

Superintendent/Deputy Superintendent. Office Use only:

Nursing Supervisor: _____ Date: _____ Approved: ___ Denied: ___

Superintendent/Deputy Superintendent: _____ Date: _____ Approved: ___ Denied: ___

School Committee: (Out of State/Overnight Field Trips) Date: _____ Approved: _ Denied: _

Submitted to Transportation on: _____

Submitted to Special Ed. on: _____

Rev: 1/2018