

**MILFORD PUBLIC SCHOOLS**  
**EDUCATIONAL FIELD TRIP/ACTIVITY**

Trip # \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ CURRENT DATE: \_\_\_\_\_

CLASS or GRADE MAKING THE FIELD TRIP: \_\_\_\_\_

Teacher(s) sponsoring the trip: \_\_\_\_\_ Available Cell Phone \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_ Time of Departure \_\_\_\_\_ Time of Return \_\_\_\_\_

Destination of Class \_\_\_\_\_ Field Trip Overnight: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Chaperones:

Milford Staff Chaperones:


Number of expected students \_\_\_\_\_ What is the chaperone/ student ratio \_\_\_\_\_

Estimated cost per pupil \$ \_\_\_\_\_ (If Applicable)

Students are expected to travel by: \_\_\_\_\_

Transportation will be paid for by:   \_\_\_ Board of Education           \_\_\_ Student Activity Funds ~ (P. Oakes)  
  \_\_\_ Special Education Dept.                   \_\_\_ Students  
  \_\_\_ PTA/PTO

**TRANSPORTATION PURCHASE ORDER NUMBER** \_\_\_\_\_

\_\_\_\_\_ For special transportation needs (lift van, etc.), you must contact the Special Education Dept. at ext. 3453.  
at least 2 weeks prior to trip date for Special Educ. P.O. # \_\_\_\_\_ Amount Quoted \_\_\_\_\_

\_\_\_\_\_ If transportation is to be provided by private vehicles, proof of insurance (with a minimum of  
\$300,000 liability) must be submitted to this office.

**EDUCATIONAL VALUE**

Give brief statement of the educational benefit of this trip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You must submit a Medical Form with each Field Trip Form. (Medications sent on field trips will be those ordered for daily administration, as well as those used for emergencies.)

Teacher's/Coordinator's Signatures _____	Date _____
Nurse's Signature _____	Date _____
Principal's Signature _____	Date _____
Administrator's Signature _____	Date _____

**PLEASE RETURN THIS APPLICATION TO THE OFFICE OF:**

Dr. Amy Fedigan, Assistant Superintendent of Schools  
Parsons Complex  
70 West River Street  
Milford, CT 06460 783-3422