

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:

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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: | <input type="checkbox"/> Board of Education | <input type="checkbox"/> Student Activity Funds |
| | <input type="checkbox"/> Special Education Dept. | <input type="checkbox"/> Students |
| | | <input type="checkbox"/> 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