

PEQUANNOCK TOWNSHIP SCHOOL DISTRICT
FIELD TRIP REQUEST FORM

School _____ Grade/Subject _____

Date of Trip _____ Date Submitted _____ **(30 days prior)**

Field Trip to: _____

Address: _____

(Describe how trip is tied directly to the curriculum including NJ SLS.

Purpose: _____

Total Cost per child \$: _____ (include admission, transportation, etc.)

Number of Students _____ Print and Sign -
Teacher in charge: _____

Number of Staff _____ Names _____

Number of Parents _____ Names _____

Substitute(s) required ____ Yes ____ No How Many? _____

Nurse Required: ____ Yes ____ No / Rationale _____

Are students attending who require medication: ____ Yes ____ No

Totals: _____ Students _____ Teachers _____ Parents _____ Nurse (if needed)

Total Cost borne by: _____

Departure Time from School: _____ Transportation Cost: _____

Departure Time from Destination: _____ Arrival Time back at school: _____

TRANSPORTATION - Transportation Supervisor Sign-off: _____

Type of Transportation: _____

APPROVED BY PRINCIPAL _____ DATE

APPROVED BY CENTRAL OFFICE _____ DATE

BUSINESS OFFICE REVIEW: FUNDS AVAILABLE _____ **(BA sign-off/date)**

BOARD APPROVAL _____ DATE