

FIELD TRIP GUIDELINES

The following items must be submitted:

- Lesson plan with objective details on what students will be doing during the trip, how the trip aligns with the learning objective, and an assessment of learning from the trip.
- Connections to the relevant NJSLs.
- Explanation of purpose and rationale for the trip.
- Teacher completes field trip request form and attaches the required documentation.
- All costs are paid for by associations, booster, or the student. The District does not fund field trips.
- The teacher submits a request to the department supervisor (middle school and high school only) and principal for approval.
- The Building Nurse must sign off on the form.
- It is the teacher's responsibility to fax or email the request to Dot in transportation to get a bus quote or availability.
- Transportation sends Trip Confirmation to teacher or building secretary (included: bus/cost/co.)
- Teacher finishes request form to include all costs. Building secretary reviews form for completion and accuracy before submitting it to Deirdre Tahan in the Central Office.
- Dr. Sheridan reviews for approval. If approved, the trip is placed on board agenda.
- After board approval, the approved field trip form will be sent to the building secretary.
- Building secretary and/or teacher is responsible for checking agendas for approval.

If a trip gets denied for any reason, Dot must be informed so she can cancel the bus. The responsible party will be accountable for bus costs if it does not get canceled and shows up on the day of the scheduled trip.

PEQUANNOCK TOWNSHIP SCHOOL DISTRICT
FIELD TRIP REQUEST FORM

Please note, that completing the form **does not guarantee** the trip approval. Approval must be granted by the Director of Curriculum & Instruction, the Principal, Department Supervisor (middle and high schools ONLY), and the BOE, prior to finalizing arrangements.

School _____ Grade/Subject _____

Date of Trip _____ Date Submitted _____ **(60 days prior)**

Field Trip to: _____

Address: _____

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

Number of Students _____ Teacher in charge : _____
(Print and initial)

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

Costs are 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 DEPT SUPERVISOR _____ DATE _____
(middle school and high school only)

APPROVED BY PRINCIPAL _____ DATE _____

APPROVED BY CENTRAL OFFICE _____ DATE _____

BOARD APPROVAL _____ DATE _____