

**M.S.A.D. NO. 75 School Committee Field Trip Request
Overnight/Out of State/Water Activities/Watercraft-Air Transportation**

Teacher: _____ School: _____ Annual: yes no
 Grade(s): _____ Class Subject: _____
 Date Submitted: _____
 Destination: _____ Permission Slips Obtained: Yes No Will be
 Dates of Trip: _____ Lunch Manager Notified: Yes No Will be
 Depart: _____ Field Trip Leader: _____
 Return: _____ If yes, how many nights? _____
 Is this an overnight trip? Yes No Returning Time: _____
 Departure Time: _____ Number of Adults: _____
 Number of Students: _____
 Water Activities: yes no
 If Yes, Safety precautions: _____
 Name of CPR/First Aid Certified Staff Attending: _____

COSTS:

Admission/Registration: \$ _____ Transportation: \$ _____ Lodging: \$ _____
 Other Cost: \$ _____ Explain _____ **Total Cost: \$ _____**
 Source of Funding: _____ Grant/Other Funding: _____
 Was this field trip in your school's budget? Yes No
 Amount from Budget: \$ _____
 Budget Account # (office use only): _____
 What is the educational reason for this trip?

MODE OF TRANSPORTATION

Watercraft Transportation: Yes No

Transportation used: _____ Other Transportation: _____

Private Vehicle Information:

Vehicle Owner/Address	Vehicle Registration#	Vehicle Description	Driver	#People
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Teacher: _____ Date _____ Principal: _____ Date: _____
 Assistant Superintendent: _____ Date: _____
 Superintendent: _____ Date: _____
 School Committee Approval: Yes No Date: _____ Vote: _____