TRUMBULL PUBLIC SCHOOLS
FIELD TRIP INFORMATIONAL FORM

Dear Parent or Guardian,

Please review the information listed below regarding your child's upcoming field trip. Keep this form for reference. Accompanying this informational form is a Field Trip/Medical Permission Slip which you are to complete and return no later than _____/ _____/ _____. If you have any questions, please call me.

_____ Name of Child

_____ Sponsor

_____ School

_____ Phone

I. How will this activity enhance student learning and integrate curricular goals_____

_____

_____

II. Place (s) to be visited _____

_____

III. Date and time of departure from school _____

IV. Date and time of approximate return to school _____

V. Type of transportation to be used * _____

VI. Lodging _____

VII. Total cost of trip to student _____

VIII. Trip cancellation insurance information (Parents are responsible for obtaining trip cancellation insurance and for pursuing reimbursement for a cancelled field trip from the travel agent or the travel insurance carrier.)

_____

_____

IX. Recommended wearing apparel _____

* If parents/students are to drive, have Parent Driver Form – Field Trips Form completed.

Approved: 10/15/13