FIELD TRIP REQUEST FORM

Revised 2/7/2025

Procedural Guidelines: Field trips are covered under Board policy 6153. Field trips should support course or club curriculum. The following parameters will be applied to all field trips:

- Three weeks prior to the field trip (or six weeks prior to an out of state overnight trip) submit this field trip request form with a curriculum justification statement and a proposed roster of students.
- Upon approval of the trip, formalize all arrangements for transportation and other costs.
- Ensure that all students and parents complete and sign the permission form.
- Provide alternative plans for students who are not attending the field trip.
- Submit a final roster of participating students to all faculty and administrators at least **7 calendar days** prior to trip. The list cannot be changed after this point. (There are no refunds after this point.)
- Blackout dates apply including: first week of each semester, last week of each quarter, week before, during and after Smarter Balance; exam week; last week of April; the month of June. SAT & PSAT (see your school administrator for more information).
- On the morning of the trip, submit the final roster and a copy of every permission form to the attendance secretary.
- Keep the original permission forms in your possession throughout the trip.
- Students will be allowed to take 5 field trip days per marking period/ 12 trip days per year. It is both the student's and the sponsoring teacher's responsibility to know this. The main office will publish a field trip attendance report upon request.

Field Trip Request Form

Date of Request:	**Title and Destination of Trip:**	**Date of Trip:**
Sponsoring Department:	**Person in Charge:**	**Is this an overnight trip?** **YES _____ No_____**
Number of Students:_____ **Number of Busses_____**	**Number of Chaperones:**	**Names:**
Type of Trip: **Educational [ ] Recreational [ ]**	**Time of Departure: _____** **Time to Arrive:_____**	**Time of Expected Return:**
Mode of Transportation:	**Cost of Transportation:**	**Cost of Food:**
Cost of Lodging:	**Other Costs:**	**Other Costs:**
Total Cost of Trip:	**Source of Revenue:**	**Student Cost:**

Cost Checklist:

_____ *Transportation*

_____ *Food*

_____ *Lodging*

_____ *Other*

*$*_____ *Total*

Checklist:

_____ *Yes*	_____ *No*	*Cafeteria Notified*
_____ *Yes*	_____ *No*	*Substitute Arranged*
_____ *Yes*	_____ *No*	*Master Calendar Notated*
_____ *Yes*	_____ *No*	*Plans Made for Non-Attendees*
_____ *Yes*	_____ *No*	*Tracphones needed _____# of phones*

Signature of Person in Charge of the Field Trip: _____

Date of Signature: _____

FIELD TRIP APPROVAL PROCESS

	Approved	Not Approved	Date
Department Chair			
Principal			
Superintendent			
Board of Education (For overnight, out-of-state trips)			

IN-STATE DAY TRIPS
OUT-OF-STATE DAY TRIPS
IN-STATE OVERNIGHT TRIPS

_____
Approved by Principal

_____
Approved by Superintendent

OUT-OF-STATE OVERNIGHT TRIPS

_____
Approved by Principal

_____
Approved by Superintendent

_____
Approved by Board of Education

USE OF ALL STAR TRANSPORTATION

When the field trip is approved, the main office secretary will fax this form to All Star Transportation at (203) 263-0841.

Date of Trip: _____ Destination: _____

Departure Time: _____ Time to arrive at event:_____ Time to leave event:_____ Return Time: _____

Number of Students and Chaperones: _____ Number of Busses needed_____

Secretary's Signature: _____

TEACHER IN CHARGE MUST EMAIL CATHERINE.GOODFIELD@ALL-STARTRANSPORTATION.COM, SHE WILL THEN RESPOND WITH A PRICE QUOTE AND ESTIMATED TIME AND MILEAGE OF EACH TRIP. ALSO, WHEN A FIELD TRIP IS CANCELED, THE PERSON IN CHARGE OF THE TRIP MUST NOTIFY THE TRANSPORTATION COMPANY.

Field Trip Permission Form Parent Section

Dear Parent or Guardian: A field trip has been planned involving your child. If you approve of your child's participation, please complete the following information.

Field Trip date: _____ **Destination:** _____

Mode of Transportation: _____ **Cost to Student:** _____

Departure Time: _____ **Return Time:** _____

Overnight: Yes_____ No_____ (If yes, roommates will be assigned; students' requests will be considered.)

My son/daughter _____ **has my permission to go on the described field trip. I give my permission for emergency medical care if the need should arise. The trip sponsor should know about the following medical conditions (if applicable):**

_____.

Here is the emergency contact and any other additional medical information that may assist in caring for my son/daughter:

_____.

I understand that field trip arrangements are based on the number of students who choose to participate. Students may receive a refund if they cancel their reservations eight or more days before the field trip date. Refunds cannot be given after that time.

Parent Signature:_____ **Date:** _____

Field Trip Permission Form Student Section

I understand that I am responsible for obtaining permission from teachers to attend this field trip. I am responsible for all work missed during this activity, making prior arrangements for missed tests and quizzes, obtaining class notes, and completing missed homework. I also understand that I am responsible to follow the rules established by the school and the organization hosting the field trip.

Student's Signature:_____ **Date:** _____ ___

Principal's Signature: _____