



LITTLE EGG HARBOR TOWNSHIP SCHOOL DISTRICT

☐ ROBERT C. WOOD EARLY CHILDHOOD CENTER

☐ GEORGE J. MITCHELL ELEMENTARY SCHOOL

☐ FROG POND ELEMENTARY SCHOOL

FIELD TRIP REQUEST FORM

IMPORTANT: MINIMUM OF **ONE MONTH NOTICE** IS REQUIRED FOR ALL FIELD TRIP REQUESTS!

PLEASE NOTE: IN ORDER TO ENSURE BUS AVAILABILITY, ALL REQUESTS FOR THE
END OF THE YEAR TRIPS MUST BE IN BY MARCH 15TH.

The School Nurse is to be informed of students needing medication two weeks in advance of your trip in order to make arrangements for medication.

TODAY'S DATE: _____ BOOKING TEACHER: _____

TRIP DESTINATION: _____ TRIP DATE: _____

ADDRESS: _____

ADMISSION COST: _____ NUMBER OF STUDENTS NEEDING BOE FUNDING: _____

NAMES OF TEACHERS ATTENDING: _____

GRADE: _____ NUMBER OF STUDENTS: _____ NUMBER OF CHAPERONES: _____

*NUMBER OF BUSES REQUIRED: _____ LEAVE SCHOOL: _____ RETURN TO SCHOOL: _____

*(BASED ON THE # OF STUDENTS & CHAPERONES - EACH BUS HOLDS 54 PASSENGERS)

DO YOU HAVE KNOWLEDGE OF DIRECTIONS? ☐ YES ☐ NO

DO YOU REQUIRE A NURSE? ☐ YES ☐ NO

ECC ONLY: HAVE YOU EMAILED THE NURSE AND JACKIE H. THAT A NURSE IS NEEDED FOR YOUR TRIP?
☐ YES ☐ NO

SPECIAL NEEDS AND/OR REQUIREMENTS: _____

IMPORTANT: PLEASE CONFIRM TRIP WITH TRANSPORTATION SUPERVISOR ONE DAY BEFORE TRIP.

PLEASE NOTE: STUDENTS PARTICIPATING IN A FIELD TRIP **MUST** HAVE RETURNED A FIELD TRIP PERMISSION FORM **COMPLETED AND SIGNED** BY THE PARENTS/GUARDIANS.

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How is this trip relevant to the curriculum of your grade level? _____

List the NJCCCS that supports this trip: _____

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PRINCIPAL: _____ DATE: _____
☐ APPROVED ☐ DENIED

SUPERINTENDENT: _____ DATE: _____
☐ APPROVED ☐ DENIED

TRANSPORTATION SUPERVISOR: _____ DATE: _____

BOOKED WITH: _____ DATE: _____

TRIP NUMBER: _____

REVISED 5/7/24