Remsen Central School District
Field Trip Request

***Requests must be made at least four (4) weeks in advance of desired field trip date.**

Funding:

- ☐ District
- ☐ Other

Date of Field Trip:

_____

Trip Details:

Destination: _____ Rain Date: _____

Address of Destination: _____

Grade: _____ Teacher[s]: _____

Departure Time: _____ Approximate Return Time: _____

For High School trips pickup/drop off location (circle one): Front Door / Back Cafeteria Door

Number of Students: _____ Number of Chaperone[s]: _____

Type of Transportation required & number of vehicles: _____

AED Certified Remsen Staff Member attending trip: _____

Is there an AED on the premises of the destination?

- ☐ Yes
- ☐ No

Purpose of trip [please relate specifically to curriculum]

Substitute[s] needed:

- ☐ Yes List staff members that will need a substitute: _____
- ☐ No

Teacher/Advisor's signature: _____ Date: _____

Approved by:

_____ Date: _____
Building Principal

_____ Date: _____
Transportation Supervisor

_____ Date: _____
Superintendent

****Please note: All field trip requests are subject to district approval. ****

Updated 10/28/2026 AR

Soar to Success