

**NEW BEDFORD PUBLIC SCHOOLS
SCHOOL SPONSORED FIELD TRIP/FIELD DAY REQUEST**

Regardless of funding or transportation needs, all requests* must be complete and sent to the Deputy Superintendent's Office for approval at least **TWO WEEKS** in advance. If a nurse needs to attend, please submit the form to the Health Service Department at least **THREE WEEKS** in advance.

Name of Staff Member Requesting Permission: _____ Date: _____

School: _____ Grade: _____ Subject: _____

1. TYPE OF REQUEST: Check appropriate area(s)

____ Field Trip: In-state ____ Trips/Exchanges ____ International
____ Field Trip: Out-of-state ____ Overnight ____ Field Day
____ Extracurricular

***PLEASE NOTE: Superintendent approval is required beforehand on ALL Out-of-state trips over 150 miles and Overnight trips. Supporting documents must be attached.**

2. TRIP INFORMATION:

a. Date(s) of Trip/Field Day: _____

b. Location: _____

Address: _____ City: _____ State: _____

c. Emergency telephone contact at destination: _____

d. Transportation: Walking Tour ____ Bus ____ Train ____ Airplane ____

- Please arrange transportation for my group.
 I will coordinate my own transportation.

SPECIAL BUSSING (ex: wheel chair van, car seats,): _____

e. Departure/arrival information: Location of Pickup _____
(Street)

Time of departure from school: _____ Time of arrival at destination: _____

Time of departure from destination: _____ Time of return to school: _____

f. Number of students: _____ Number of chaperones: _____

g. Names of teachers and chaperones: _____

h. Provision for meals: _____ Where will you eat lunch? _____

3. Fill in all that apply:

a. Total cost per student: _____

b. **Source of funds to pay for buses:**

(Must be completed)

Local School Budget \$ _____ PTO: \$ _____

School Activities Fund \$ _____ Other- Please specify: \$ _____

Grant: \$ _____ Local Transportation Budget: \$ _____

TOTAL AMOUNT: \$ _____

4. Purpose of Trip/Connection to Curriculum: _____

5. Medical Needs:

Special medical requirements: _____

A nurse needs to attend

A nurse does **NOT** need to attend

Nurse: _____ Date: _____ Approved: _____ Denied: _____

(School nurses are not able to grant approval for field trips that take place after school hours and/or weekends).

By signing below, I certify that the appropriate medical emergency forms will be collected from all students.

Principal/Headmaster: _____ Date: _____ Approved: _____ Denied: _____

Superintendent/Deputy Superintendent. Office Use only:

Nursing Supervisor: _____ Date: _____ Approved: _____ Denied: _____

Deputy Superintendent: _____ Date: _____ Approved: _____ Denied: _____

Superintendent: _____ Date: _____ Approved: _____ Denied: _____

(Out of State over 150 miles/Overnight Field Trips)

Submitted to Transportation on: _____