



FIELD TRIPS, EXCURSIONS AND OTHER STUDENT TRIPS

Students are to submit permission slips signed by parent(s)/guardian(s) prior to going on the scheduled trip and must be appropriately dressed. A teacher(s) and/or other qualified individual(s) must accompany every group.

NOTE: A detailed itinerary is to be submitted with this form. Including a breakdown of total anticipated costs; showing itemized expenses (transportation, ticket prices, etc.) and method(s) of payment.

Teacher(s) Making Request: _____ Grade Level: _____ Request Date: _____

Date(s) of Proposed Trip: _____ Event Name: _____

Phone number(s) for 24 hour contact in case of EMERGENCY: _____ Destination _____

Address: _____

NOTE: If this is an OVERNIGHT or OUT-OF-STATE field trip, has the Plymouth School Committee approved it within the last 3 years?

YES

NO

If YES, indicate the date of School Committee approval: _____

IF THERE IS A CONTRACT INVOLVED WITH THE TRIP, IT MUST BE REVIEWED BY THE BUSINESS ADMINISTRATOR.

Relevance of the "proposed" field trip - *(Please attach a detailed response to the following 3 questions):*

- 1.0 How does this proposed field trip focus on helping students acquire the knowledge and skills described in the Common Core of Learning established by the Board of Education?
- 2.0 How the proposed field trip is integrated into the curriculum, or are content materials reflective of one of the core subject areas as described in the Common Core of Learning established by the Board of Education?
- 3.0 How does the proposed field trip have learning outcomes consistent with the knowledge and skills described in the Common Core of Learning established by the Board of Education?

Education Follow-Up
by **ALL** Students: _____

Provisions for Students
NOT Participating: _____

Number of students
NOT participating:

Number of students
who are participating:

Do any students
require medication?*

YES

NO

*If any student requires medication,
state the provisions for attending to
their medical needs: _____

Cost/Student:

Cost/Teacher:

Cost/Chaperone:

District Cost:

Type of Transportation: _____

Adult/Chaperone: _____

Departure Time/Place: _____

from _____

Return Date/Time: _____

RECOMMENDATIONS:

Dept. Head: _____

Approved

Disapproved

Date: _____

Principal: _____

Approved

Disapproved

Date: _____

Business
Administrator: _____

Contract - YES

Contract - NO

Date: _____

Superintendent: _____

Approved

Disapproved

Date: _____

if there is not contract required, you MUST write "NO CONTRACT" in place of signature.

COMMENTS: