

MSAD #58

FIELD TRIP REQUEST FORM

To be used for Day, Overnight, and Foreign Trips

**THIS FORM MUST BE SUBMITTED TO THE CENTRAL OFFICE ONE (1) MONTH PRIOR TO A DAY TRIP
THIS FORM MUST BE SUBMITTED TO THE CENTRAL OFFICE ONE (1) MONTH PRIOR TO AN OVERNIGHT TRIP
THIS FORM MUST BE SUBMITTED TO THE CENTRAL OFFICE SIX (6) MONTHS PRIOR TO A FOREIGN TRIP**

DATE: _____

1. Teacher(s): _____ School: _____

2. Grade(s): _____ Number of Students: _____

3. Date of Visit: _____ Departure Time: _____ Return Time: _____

4. Destination and curriculum connection(s): _____

All students must have prior, written parental permission to participate in any field trip. When the trip is a local walking trip with one time, “blanket” permission being applied (i.e. monthly trips to the library) parents still must have advance notice of your plans, including the date and time for each trip.

5. Number of volunteer chaperones, (per policy): _____

6. Cost to each student: _____
Please indicate how funding will be provided for students who cannot afford the costs. Required field trips will be made available to all students.

Please initial #7 and #8 and #9 as N/A when item is not applicable.

7. _____ Have you notified the cook if your class is going to be away during their scheduled lunch, and/or verified the number of bag lunches that will be needed for the field trip?

8. _____ Do you need to make arrangements to cover scheduled duties during your absence?

9. _____ Have you submitted a bus request form?

10. _____ Have you notified the nurse?

11. Who is the trained individual providing any student medications that need to be administered during the trip?

Name: _____ Training: _____
(Please be sure the parent is aware of this arrangement)

Nurse’s Signature: _____

12. Cell phone(s) to be taken on this trip: Name(s) and number(s) _____

13. YOU MUST ATTACH A LIST OF VOLUNTEER CHAPERONES WHEN SUBMITTING THIS FORM

All volunteer chaperones will be required to have a satisfactory background check on file in the Superintendent’s Office. Please attach completed and signed MSAD #58 Volunteer Chaperone Background Check forms to this request if one is not on file. You may contact the District Office at 639-2086 ext 5289 if you have any questions.

Principal’s initials verifying all students have received and returned SIGNED permission slips: _____

Teacher’s Signature: _____ Date: _____

Nurse’s Signature: _____ Date: _____

Cook’s Signature: _____ Date: _____

Principal’s Signature - All policy requirements have been met: _____ Date: _____

Superintendent’s Signature or Designee: _____ Date: _____

Approved: _____ Denied: _____