



WATERBURY
Public Schools

Today's Students, Tomorrow's Leaders

CENTRAL OFFICE: RECEIVED STAMP/INITIALED

FIELD TRIP REQUEST FAX/EMAIL COVER SHEET

School Name:
Your Name:
Today's Date:
Date/s of Field Trip:
In State <input type="checkbox"/> Out of State <input type="checkbox"/> Out of Country <input type="checkbox"/>
Number of students:
Number of chaperones:
Nurse's Signature: <input type="checkbox"/>
Principal's Signature: <input type="checkbox"/>
Number of Pages Attached:

REQUEST FOR FIELD TRIP

ALL FIELD TRIP FORMS MUST BE FAXED (203-574-8010) OR EMAILED TO THE SCHOOL'S INSTRUCTIONAL LEADERSHIP DIRECTOR.

ALL FIELD TRIPS REQUEST MUST INCLUDE THE APPROPRIATE COVER SHEET

OUT OF STATE or OUT OF COUNTRY – MUST BE RECEIVED FIVE (5) WEEKS PRIOR TO TRIP

IN STATE – MUST BE RECEIVED THREE (3) WEEKS PRIOR TO TRIP

This request must be approved prior to collecting or committing any funds such as down payments or making definite arrangements.

Date Submitted: _____ Name of Travel Agency (if applicable): _____

1) Requested by: _____
Name of Staff Member School Grade level/Subject

2) How many students? _____

3) Name of destination/attraction: _____

4) City/State of destination: _____

5) Departure: _____
Day Date Time

6) Return: _____
Day Date Time

7) Is school in session during this field trip? _____

8) Transportation: Type/name of Approved PUC Carrier

9) What unit in the curriculum does this field trip support?

10) What are the Common Core State Standards this field trip supports?

11) What are the guiding questions from the curriculum this field trip will answer?

12) What expected performances will be taught by this field trip? (For out-of-state field trips the final assessment must be attached)

13) How will you assess the learning that results from this field trip?

14) Explain what educational value this field trip offers the students:

15) Name(s) and phone number(s) of person(s) responsible for organizing this trip:

Name	Phone Number	Name	Phone Number
1		5.	
2.		6.	
3		7.	

16) Name(s) of person(s) supervising students. **NOTE: One (1) chaperone for every ten (10) students.**

Teacher(s) as chaperones:
Aides(s) as chaperones:
Parent(s) as chaperones:

17) How is this trip financed: (If it's fund raising activities, list the fund raising activities. If it's a grant, give title and number of the grant, student contributions, etc.)

18) What is the approximate cost per pupil for this trip?

19) Is any student excluded from attending this trip? Yes No If yes, explain why:

20) What is the approximate cost all chaperones?

21) How many substitutes are necessary? (If none specify)

Teacher	Subject/Grade	Teacher	Subject/Grade
1.		4.	
2.		5.	
3.		6.	

22) The medication(s) and/or procedure(s), as prescribed by the student(s) physician, will be provided while participating in the field trip

Yes No

Signature of School Nurse Date

23) This field trip request meets the needs of the BOE policy? Yes No

Is this field trip recommended? Yes No

Arrangements for students(s) medial needs have been made Yes No

Signature of School Principal Date

CENTRAL OFFICE RESPONSE

24) This field trip request has been reviewed and approved at the Superintendent's level

This field trip request has been reviewed and **IS NOT** approved

Signature of Superintendent/Designee/ILD Date

25) This field trip request is for an out-of-state **or** overnight field trip and was approved/denied by the Chief Academic Officer

Signature of Chief Academic Officer Date

26) This field trip request required Board of Education action for out-of-country and was approved/denied by the Board of Education during its meeting of _____

Signature of BOE/Designee Date

A copy of this request, when approved, will be returned to the School Principal.