

GREENFIELD PUBLIC SCHOOLS

Date of request: _____

FIELD TRIP REQUEST

*This request needs to be completed and submitted to the principal three weeks in advance.
Attach the list of students to be included.*

School: _____ Class: _____ # of Students _____

Date of Field Trip: _____ Destination: _____ Distance: _____

Departure: _____ a.m./p.m. Arrival: _____ a.m./p.m. Return: _____ a.m./p.m. Arrival: _____ a.m./p.m.

Classes missed and provision for work: _____

Purpose & how this relates to school program: _____

Adults who will chaperone, for # _____ students (anticipated)

1. _____ 3. _____ 5. _____ 7. _____
Name Name Name Name

Position Position Position Position
CORI? Yes No **CORI?** Yes No **CORI?** Yes No **CORI?** Yes No

2. _____ 4. _____ 6. _____ 8. _____
Name Name Name Name

Position Position Position Position
CORI? Yes No **CORI?** Yes No **CORI?** Yes No **CORI?** Yes No

Costs of Admissions: \$ _____ Other Trip Costs: _____

Payment Sources/plan: _____

Plan if trip covers lunchtime: _____ Contact made with _____ in food services.

Student Medical: how identified and plan to handle? _____

Special Ed & 504 student accommodations, how identified and handled? _____

Transportation: Contact made with Transportation Dept. (772-1407): Yes No Trip Scheduled: Yes No

Contracted Transportation: Yes No District Transportation: Yes No Other: _____

Nurse: _____

FOR OFFICE USE

Approval: _____
(Principal/Date)

Approved: Superintendent (any trip with costs, out-of state, and/or overnight) _____
Signature/Date