## **IN-STATE FIELD TRIP REQUEST**

## Policy: IJOA

M.S.A.D. NO. 75 recognizes the importance of school-sponsored trips as a means of reinforcing and supplementing the instructional program. It is the intent of the School Committee that all trips be well-planned and organized to ensure that:

- Trips are related to curriculum
- All behavioral policies are followed
- Appropriate safety measures and precautions are taken
- Bus roster is maintained with a duplicate copy at school
- Necessary Administrative permission is granted
- Written parental/guardian permissions are obtained
- Appropriate funding is available
- Medical concerns are recognized and accommodated

\*Please note, this form is <u>NOT</u> to be used for out of state, overnight or water activity based trips. Please complete an Extended Trip Form for those events. \*

## **Requirements:**

At least one teacher or other responsible adult must accompany every 10 students at the elementary level, 15 students at the middle school level and 20 students at the high school level.

Date of Trip:			
School:		Grade:	Teacher:
Contact Person:	Phone	e Number:	Teacher:
	Number of Adults:	Number of	f Students:
Educational Reason:			
Destination & Address:			City State:
Specific Drop off/Parkin	g Instructions, if applicable: _		City, State:
			hicle based on numbers and capacity. For day trips, please provide a detailed itinerary attached to this form
☐ BUS	Depart from school:		
	Pick up at destination:		
Please indicate any spe	ecial requests (wheelchair acces	ssible, storage spa	ace, equipment etc.)
☐ WALKING	Depart from school:		Return to school:
☐ Lunch request	forms will be sent to parents		
☐ Kitchen Mana	•		
	Staff Attending	Name:	
Approval of Principal:			Date:
Approval of Transportat	tion Director:	Date:	