

FIELD TRIP PROCEDURES

1. Obtain (green) field trip form "A"....available in School Main Offices; website; shares folder.
2. Provide Nurse with list of students participating in order for medication consideration list to be cross-checked.
3. After Nurses' signature is obtained, form will be returned to Advisor/Field trip organizer/teacher, etc. to forward to Building Principal for approval.
4. Building Principal forwards form to Superintendent's Office for approval. (If trip is more than 75 miles one way, overnight, or is out of state, School Committee must approve the trip as well).
5. After trip is approved by Superintendent and/or School Committee, form "A" is returned to Building Secretary for post information field trip to weekly and/or daily bulletins. The form is then sent to Teacher/Advisor with Form "B" attached.
6. Building Secretary forwards copy of approved form to Food Services.
7. Advisor/Field trip organizer/teacher, etc., is responsible for sending all staff (in their building) correspondence (preferably via e-mail) of trip information – date, students, etc.
8. FORM "B" needs to be completed by Advisor/Field trip organizer.....and return to Central Office. It is imperative to attach list of students attending the trip.
9. Transportation needs - Advisor/Field trip organizer/teacher, etc. should send copy of approved field trip form "A" to Director of Transportation if school buses will be used. If buses from outside vendor are required, Advisor/Field trip organizer, teacher, etc. will make the appropriate arrangements.

Carver Public Schools
REQUEST FOR APPROVAL OF FIELD TRIP (FORM "A")

Date of Application _____

School: ☐ **MHS** ☐ **CES** Grade/Class/Group _____

Teacher(s): *Please Print* _____

Destination: _____

➤ **Is this trip MORE than 75 miles?** ☐ **YES** ☐ **NO**

➤ **Is this trip OVERNIGHT?** ☐ **YES** ☐ **NO**

➤ **Is this trip OUT of STATE?** ☐ **YES** ☐ **NO**

Date of Trip: _____ Departure Time: _____ Return Time: _____ Approximate length of trip in hours _____

Number of Students _____ Number of Chaperones _____

Approximate cost per student \$ _____ Transportation _____

Purpose: *(answer all questions)*

1. How does this trip enhance the curriculum for the students? OR
How does this trip further the goals and/or purpose of the school organization?

2. List some of the activities planned for the trip:

3. Have you been trained in medication delegation? ☐ Yes ☐ No

4. Has the School Nurse been provided with a list of student's participating in trip? ☐ Yes ☐ No

If NO, you MUST provide the list to the Nurse BEFORE the field trip form will be approved.

Signature (School Nurse) _____ Date _____

Applicant's Signature: _____

Building Principal's Signature

☐ Approved

☐ Not Approved

Date: _____

Superintendent's Signature

☐ Approved

☐ Not Approved

Date: _____

School Committee, Chair

☐ Approved

☐ Not Approved

Date: _____

Carver Public Schools
APPROVED FIELD TRIP (FORM "B")

ADDITIONAL INFORMATION REQUIRED

(Please complete and return to your Building Principal for approval)

School _____ Grade/Class/Group _____ Date of Field Trip _____

Teacher(s): *Please Print* _____

Please list all adult chaperones: _____

REQUIRED: Please attach the name of the students attending the field trip.

➔ Please attach the itinerary for the trip, including a phone number where the group may be contacted the day of the trip in case of an emergency.

1. What accommodations are made for students who are unable to attend the scheduled trip?

2. Do any of the students on the trip list require the assistance of a nurse? If yes, what plans are made to provide this assistance?

3. What accommodations are being made for students with disabilities?

4. Bus transportation information: Carver School Bus or minivan? _____yes _____no

Other bus information: Name of Vendor _____
Bus Capacity (# of students) _____

Is this trip more the 75 miles (one way) from the school? _____ If yes, the school committee is required to approve the trip.

Please provide a list of student's participating to the Nurse and Building Principal

Nurse: _____ Date _____

Principal: _____ Date _____

Reminder: School issued, signed permission forms must be on file with the appropriate teacher before a student participates in a field trip.

Carver Public Schools
STUDENT FIELD TRIP ABSENTEE FORM (FORM "C")
(Please complete and return to your Building Principal prior to departure)

****It is the teacher's responsibility to provide the Building Office a list of students that are absent the day of the trip prior to departure!**

School _____ Grade/Class/Group _____ Date of Field Trip _____

Teacher(s): Please Print _____

Location of Field Trip: _____

	Last Name:	First Name:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

** Are more than 20 students absent? _____ YES _____ No

If YES, use the back of this form to add additional names of absent students.

CARVER PUBLIC SCHOOLS

**REGULAR/EXTRACURRICULAR FIELD TRIP
(PARENT/GUARDIAN AUTHORIZATION)**

I AGREE TO ALLOW MY SON/DAUGHTER _____

TO PARTICIPATE IN A SCHOOL-SPONSORED AND SUPERVISED

REGULAR/EXTRACURRICULAR FIELD TRIP TO _____
(PLACE)

ON (DATE) _____

WE WILL LEAVE AT APPROXIMATELY _____ AND RETURN AT

APPROXIMATELY _____.

IF TRANSPORTATION IS NECESSARY, IT WILL BE PROVIDED BY EITHER CARVER SCHOOL BUSES OR BY LICENSED COMMON CARRIER.

IN CASE OF EMERGENCY, I CAN BE REACHED AT THE FOLLOWING TELEPHONE NUMBER:

(AREA CODE) NUMBER _____

SIGNATURE OF PARENT/GUARDIAN

CARVER PUBLIC SCHOOLS TRANSPORTATION DEPARTMENT

REQUEST USE OF SCHOOL BUSES FOR FIELD TRIPS

Please submit this form, four weeks prior to the trip, to **The Transportation Dept.** so that arrangements can be made for the availability of buses and drivers. **TEACHERS are requested** to collect funds and make sure the money is either turned over to the person responsible for deposits, or see that the deposit is made two weeks prior to the trip. Please send check to Business Office.

TO BE COMPLETED BY THE TEACHER IN CHARGE:

Today's date _____

TEACHER IN CHARGE: _____ GRADE LEVEL: _____

DATE(S) OF TRIP: _____ RAIN DATE(S), IF ANY: _____

NUMBER OF STUDENTS: _____ NUMBER OF ADULTS: _____

**** PLEASE INDICATE IF A SPECIAL NEEDS VEHICLE IS NEEDED (seatbelts):** _____

If so, how many students will be riding special needs bus/van: _____

DESTINATION: _____

ESTIMATED TIME LEAVING SCHOOL: _____ AM _____ PM _____

ESTIMATED TIME RETURNING TO SCHOOL: _____ AM _____ PM _____

METHOD OF PAYMENT: A. Reference Line Item# _____

B. Money Collected from Students: _____

PRINCIPAL'S SIGNATURE _____

DATE _____

TO BE COMPLETED BY TRANSPORTATION DEPARTMENT:

BUSES AND DRIVERS: _____ ARE AVAILABLE FOR THIS TRIP

_____ ARE NOT AVAILABLE FOR THIS TRIP

NO. OF BUSES NEEDED: _____ ESTIMATED COST: _____

_____ # OF DRIVERS _____ X # OF HOURS X \$ _____ = \$ _____

DIRECTOR OF TRANSPORTATION _____

DATE _____