

CARVER PUBLIC SCHOOLS
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 the Nurses' signature is obtained, the form will be returned to Advisor/Field trip organizer/teacher, etc. to forward to the Building Principal for approval.
4. Building Principal forwards form to Superintendent's Office for approval. (If the trip is more than 75 miles one way, overnight, or is out of state, the School Committee must approve the trip as well).
5. After the trip is approved by the Superintendent and/or School Committee, form "A" is returned to the Building Secretary for post information on field trips to weekly and/or daily bulletins. The form is then sent to the 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 email) of trip information – date, students, etc.
8. FORM "B" needs to be completed by the Advisor/Field trip organizer.....and returned to the Central Office. It is imperative to attach a list of students attending the trip.
9. Transportation needs - Advisor/Field trip organizer/teacher, etc. should send a copy of approved field trip form "A" to the Director of Transportation if school buses will be used. If buses from outside vendors are required, the Advisor/Field trip organizer, teacher, etc. will make the appropriate arrangements.

CARVER PUBLIC SCHOOLS
FIELD TRIP PACKET FLOWCHART

FORM A:

STEP 1: OBTAIN FIELD TRIP PACKETS /FORMS IN **MAIN OFFICE** OR **DRIVE/WEBSITE**

STEP 2: FORM FROM **TEACHER/ADVISOR** → **NURSE**

STEP 3: FORM FROM **NURSE** → **TEACHER/ADVISOR**
FORM FROM **TEACHER/ADVISOR** → **PRINCIPAL**

STEP 4: FORM FROM **PRINCIPAL** → **SUPERINTENDENT**
/ SCHOOL COMMITTEE AS NEEDED

STEP 5: FORM FROM **SUPERINTENDENT** → **SCHOOL SECRETARY**

STEP 6: FORM FROM **SECRETARY** → **TEACHER/ADVISOR**
FOOD SERVICES

PERMISSION SLIP FORM:

STEP 7: FORM FROM **TEACHER/ADVISOR** → **STUDENTS/FAMILIES**

FORM B:

STEP 8: FORM FROM **TEACHER/ADVISOR** → **SUPERINTENDENT**
FORM FROM **SUPERINTENDENT** → **TEACHER/ADVISOR**

TRANSPORTATION FORM:

STEP 3: FORM FROM **TEACHER/ADVISOR** → **PRINCIPAL**

STEP 4: FORM FROM **PRINCIPAL** → **SUPERINTENDENT**

STEP 5: FORM FROM **SUPERINTENDENT** → **SCHOOL SECRETARY**

STEP 6: FORM FROM **SECRETARY** → **TEACHER/ADVISOR**

STEP 9: FORM FROM **TEACHER/ADVISOR** → **TRANSPORTATION**

FORM C:

FORM FROM **TEACHER/ADVISOR** → **PRINCIPAL**

CARVER PUBLIC SCHOOLS
REQUEST FOR APPROVAL OF FIELD TRIP (FORM "A")

Date of Application: _____

School: ☐ CMHS ☐ 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: _____ Approx. length
of trip in hours: _____

Number of Students: _____ Number of Chaperones: _____

Approximate cost per student: \$ _____ Transportation Method: _____

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 Nurse been provided with a list of students participating in the trip? ☐ YES ☐ NO
If NO, you MUST provide the list to the Nurse BEFORE the field trip form will be approved.

School Nurse Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

| | | | |
|---------------------------------------|----------|--------------|-------------|
| _____ | Approved | Not Approved | Date: _____ |
| <i>Building Principal's Signature</i> | | | |
| _____ | Approved | Not Approved | Date: _____ |
| <i>Superintendent's Signature</i> | | | |
| _____ | Approved | Not Approved | Date: _____ |
| <i>School Committee Chair</i> | | | |

CARVER PUBLIC SCHOOLS
APPROVED FIELD TRIP FORM (FORM "B")

ADDITIONAL INFORMATION REQUIRED

Please complete and return to your Building Principal for approval.

School: _____ Grade/Class/Group: _____ Date of 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 than 75 miles (one way) from the school? YES | NO

If yes, the school committee is required to approve the trip.

Please provide a list of students 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

FIELD TRIP ABSENTEE FORM (FORM "C")

Please complete and return to your Building Principal prior to departure ***NOTE: 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 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 FORM**

I AGREE TO ALLOW MY STUDENT _____
(STUDENT NAME)

TO PARTICIPATE IN A SCHOOL-SPONSORED AND SUPERVISED FIELD TRIP TO:

(PLACE)

ON _____
(DATE)

LEAVING AT APPROXIMATELY _____ AM | PM
(TIME)

RETURNING AT APPROXIMATELY _____ AM | PM
(TIME)

If transportation is necessary, it will be provided by Carver School buses or by a licensed common carrier.

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

(_____) _____ - _____ EXT. _____

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

CARVER PUBLIC SCHOOLS

REQUEST FOR USE OF SCHOOL BUSES FOR FIELD TRIPS

TRANSPORTATION DEPARTMENT

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 a check to the 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