

**CARVER PUBLIC SCHOOLS**  
**FIELD TRIP PROCEDURES**

- 1. Obtain (green) field trip form "A" ....available in School Main Offices; website; shares folder.**
- 2. Review list of potential field trip participants for medical needs in Aspen. Please be aware some conditions will require attendance of a nurse or med-delegation training.**
- 3. Submit form to the Building Principal for approval. The Principal's office will then forward the form to the Superintendent's Office for approval.**  
*Note: 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.*
- 4. After the trip is approved by the Superintendent and/or School Committee, form "A" is returned to the Building Secretary. Secretary will:**
  - Post information for field trips to weekly and/or daily bulletins.
  - Add approved field trip to the school calendars
  - Send a copy of approved field trip form to Athletics, Food Services and Nurse
  - Return the original green field trip form to the Teacher/Advisor
  - Send the final list of participants of the trip to all staff via email when received (1 week prior to the trip) marked with the subject line "FIELD TRIP DETAILS: *Trip Name/Date*"
- 5. Advisor/Field trip organizer is responsible for:**
  - Scheduling and confirming the trip details.
  - Completing the Transportation Request (or make transportation arrangements if not using Carver buses) and submitting it to the Building Principal for approval. The Principal's office will then forward it to the transportation department (at least 3 weeks prior to the trip)
  - Sending information to families and acquiring permissions slips.
  - Reviewing the list of students' medical needs in Aspen and consulting with the nurse for any necessary instructions/accommodations as soon as the participant list is finalized.
  - Sending the following information in an email to the principal's secretary **no later than 1 week prior** marked with the subject line "FIELD TRIP DETAILS: *Trip Name/Date*"
    - Date, Grade Level/Group
    - Name of Organizer and phone number in case of an emergency
    - Names of Chaperones
    - Itinerary for the trip
    - List of students attending the trip
    - The accommodations made for students who are unable to attend, if necessary
    - Accommodations for students with disabilities, if needed
    - Transportation Company, i.e. Carver Bus or XYZ Bus Company  
*(and contact information if outside vendor)*
  - **On day of trip**, the advisor must send a list of any absent students to the main office.

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?

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

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3. I understand I may need to be trained on EPI Pen or Med Delegation for this trip or may need to plan for a nurse to attend. **YES**

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

<i>Building Principal's Signature</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
<i>Superintendent's Signature</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
<i>School Committee Chair</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
If <b>not</b> approved, please list additional details: _____			

CARVER PUBLIC SCHOOLS

**REGULAR/EXTRACURRICULAR FIELD TRIP  
PARENT/GUARDIAN AUTHORIZATION FORM**

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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 - TRANSPORTATION DEPARTMENT  
**REQUEST USE OF SCHOOL BUSES FOR FIELD TRIPS**

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**Please submit this form three weeks** prior to the trip & send it to the Transportation Dept. so that arrangements can be made for the availability of buses and drivers. Once you receive this back, buses have been secured. **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 made out to the Town of Carver to the Business Office with a copy of this form.**

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**TO BE COMPLETED BY THE TEACHER IN CHARGE**

Date of Application: \_\_\_\_\_

Teacher in Charge: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_ Rain Date(s), if any: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

\* **PLEASE CHECK IF A SPECIAL NEEDS VEHICLE IS NEEDED (seatbelts/wheelchair):**

If so, how many students will be riding the special needs bus/van: \_\_\_\_\_

Destination Name & Address: \_\_\_\_\_

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:  **Please make checks out to the Town of Carver**

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Principal's Signature

Date

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**TO BE COMPLETED BY THE TRANSPORTATION DEPARTMENT**

BUSES AND DRIVERS: \_\_\_\_\_ are available for this trip \_\_\_\_\_ are not available for this trip

# OF BUSES NEEDED: \_\_\_\_\_ # OF SMALL BUSES/WHEELCHAIR BUSES: \_\_\_\_\_

\_\_\_\_\_ # OF DRIVERS X \_\_\_\_\_ # OF HOURS & FUEL X \_\_\_\_\_ HOURLY RATE = \$ \_\_\_\_\_

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Director of Transportation

Date

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**DRIVER CONTACT INFORMATION:**

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