

**ACSSSD  
FIELD TRIP REQUEST FORM**

All field trips must be educationally based and related to lesson plan objectives and New Jersey Core Curriculum Content Standards. Faculty members are advised to read the FIELD TRIP PROCEDURE outlined in the employee handbook, before completing this form. The person requesting the field trip is responsible for the supervision and special requirements needed. Teachers must take Student Medical Emergency Forms for their students on All Field Trips and complete a Bus Roster Form prior to departure. Request must be submitted to your building principal; Field Trips must have prior Board Approval as per Accountability Regulations. Exception: Out of state trips – refer to procedure manual for submission.

I. Name of Teacher: \_\_\_\_\_  
 Date of Trip: \_\_\_\_\_ Rain Date: \_\_\_\_\_  
 Destination: \_\_\_\_\_  
 Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
 Circle One:    Group 1    Group 2    Group 3    Group 4    Off Campus Site

Educational Rationale for Trip: \_\_\_\_\_  
 \_\_\_\_\_

NJCCCS Addressed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Bus Driver Assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ Bus Aide: Yes \_\_\_ No \_\_\_  
 Total Number of walk on students: \_\_\_\_\_ Total Adults: \_\_\_\_\_  
 Total Number of wheel chairs: \_\_\_\_\_

II. Please list all participants and special requirements using the Bus Roster Form  
 III.

List below students who take medication during the school day and would require medication for this trip.		
Name of Student	Medication	Condition
1.		
2.		
3.		
4.		
Can medication be altered: Yes _____ No _____		
Plan of action for Medication/other special health: _____		
Signature of School Nurse: _____		

IV. Special requirements- check items: Lunch \_\_\_\_\_ Admission Fees: \_\_\_\_\_  
 If lunch is checked, submit a school trip lunch request form one week in advance of trip.

Date Received: \_\_\_\_\_ Approval of Bldg. Principal    Approved \_\_\_ Denied \_\_\_  
 Signature of Principal: \_\_\_\_\_  
 If request denied, explanation: \_\_\_\_\_

Transportation date received: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_