

**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: _____
 Select 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: _____