

# CROMWELL PUBLIC SCHOOLS – FIELD TRIP REQUEST FORM

*This form must be approved prior to submitting transportation request form.*

*Please submit 1 month prior to trip.*

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

Trip Coordinator Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Grade(s): \_\_\_\_\_

This is an in-state trip for approval: ☐ Yes ☐ No

This is an out-of-state or overnight trip and has prior BOE approval: ☐ Yes ☐ No Date Approved: \_\_\_\_\_

**Note: All out-of-state and/or overnight trips must have advanced approval by the BOE. BOE approval is given in May for the next school year.**

## TRIP INFORMATION (Out-of-state and overnight trips must have final itinerary attached. All trips need sample permission slip attached).

Field Trip Title: : \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Destination/Location/Phone of Field Trip: \_\_\_\_\_

Date(s) of Field Trip: \_\_\_\_\_

Time(s) of Field Trip: Departure from CPS: \_\_\_\_\_ Arrival to Destination: \_\_\_\_\_

Departure from Destination: \_\_\_\_\_ Arrival to CPS: \_\_\_\_\_

# of Students: \_\_\_\_\_ # of Adults/Chaperones: \_\_\_\_\_

## FINANCIAL INFORMATION

Student's Cost: \$ \_\_\_\_\_

Field Trip Lunch Cost: \$ \_\_\_\_\_

PO Number: \_\_\_\_\_

Account to be charged (funded by): \_\_\_\_\_

## TRANSPORTATION

### BUS INFORMATION

Transportation Cost: \$ \_\_\_\_\_ # of Buses: \_\_\_\_\_ Acceptance #: \_\_\_\_\_

Handicap bus/van needed: ☐ Yes ☐ No Wheelchair accessible: ☐ Yes ☐ No Van: ☐ Yes ☐ No

Bus equipped with restroom: ☐ Yes ☐ No

Account to be charged (funded by): \_\_\_\_\_

## Overall Educational Purpose for Field Trip and Curriculum Addressed

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_