



FIELD TRIPS, EXCURSIONS AND OTHER STUDENT TRIPS

Students are to submit permission slips signed by parent(s)/guardian(s) prior to going on the scheduled trip and must be appropriately dressed. A teacher(s) and/or other qualified individual(s) must accompany every group.

NOTE: A detailed itinerary is to be submitted with this form.

Teacher(s) Making Request: _____ Grade Level: _____ Request Date: _____

Date(s) of Proposed Trip: _____ Event Name: _____

Phone number(s) for 24 hour contact in case of EMERGENCY: _____ Destination _____
 Address: _____

NOTE: If this is an OVERNIGHT or OUT-OF-STATE field trip, has it been approved by the Plymouth School Committee within the last 3 years? YES NO
 If YES, indicate the date of School Committee approval: _____

Relevance of the "proposed" field trip - (Please attach a detailed response to the following 3 questions):

- 1.0 How does this proposed field trip focus on helping students acquire the knowledge and skills described in the Common Core of Learning established by the Board of Education?
- 2.0 How is the proposed field trip integrated into the curriculum, or are content materials reflective of one of the core subject areas as described in the Common Core of Learning established by the Board of Education?
- 3.0 How does the proposed field trip have learning outcomes consistent with the knowledge and skills described in the Common Core of Learning established by the Board of Education?

Education Follow-Up
 by **ALL** Students: _____

Provisions for Students
NOT Participating: _____

Number of students **NOT** participating: Number of students who **are** participating: Do any students require medication? YES NO

*If any student requires medication, state the provisions for attending to their medical needs:

Cost/Student: Cost/Teacher: Cost/Chaperone: District Cost:

Type of Transportation: _____ Adult/Chaperone: _____

Departure Time/Place: _____ from _____ Return Date/Time: _____

RECOMMENDATIONS:

Dept. Head: _____	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Date: _____
Principal: _____	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Date: _____
Superintendent: _____	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Date: _____

COMMENTS: