



Southern Berkshire Regional School District

OVERNIGHT FIELD TRIP

Teacher in Charge: _____ Principal: _____

Trip Location: _____ Grade Level of Students: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Purpose of Trip:

- _____ Approach to a unit of work
- _____ Enrichment experience related to curriculum framework
- _____ Culminating activity to a unit
- _____ Research for unit
- _____ Enhancement of student learning in fine arts, world language
- _____ Athletic event

Objectives of Trip: _____

(Provide specific description of objectives and details.)

How will student learning be assessed? _____

Description of Itinerary: _____

Overnight accommodations:

Facility: _____ Phone # _____

Address: _____

(O V E R)

SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM

Transportation: _____

Meal Plan: _____

Funding Source _____

Overnight trips are asked to provide 1 chaperone for every 6 students.

Names & phone #'s of chaperones:

CORI

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attach additional sheet of paper, if necessary)

Emergency Contact (SBRSD Administrator): _____

(Parents' names and phone numbers are to be provided to the emergency contact to be used in case of an emergency.)

Number of students attending: _____

Names of student participants (listing to be attached to this slip)

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Principal's Approval: _____ Date: _____

Superintendent's approval: _____ Date: _____

Nurse's Approval: _____ Date: _____

School Committee approval date: _____

Comments: _____

MOUNT EVERETT
OVERNIGHT FIELD TRIP PERMISSION SLIP

Date of Field Trip _____ Destination _____

Address/Phone # _____

Sponsor of Field Trip _____

Department/Class/Group _____

Method of transportation _____ Cost of trip _____

Time of departure _____ Time of return _____

Upon arrival students may be picked up at _____

Overnight field trips require a phone tree. If trip is to arrive much before or after estimated time, WSBS will be contacted to announce the new arrival time and phone tree will be activated

Student's name: _____ has my permission to participate in the _____ field trip on _____.

I am aware of the details listed above.

_____ Date _____ Parent's/Guardian's Signature

Return this slip to _____ By _____

Does your son/daughter have an allergy/medical condition that we should be aware of? Please explain _____

Will your child need medication with him/her for this condition? Yes _____ No _____

If yes, please contact Mrs. Moran, RN, at 229-8734 ext 111. A written medication order must be obtained from physician along with written permission from a parent for ANY MEDICATION to be given.

Overnight field trips: A copy of student's insurance card must be accompany this permission slip.

FIELD TRIP CHECKLIST

- _____ Principal approval (6 weeks in advance)
- _____ Superintendent approval (6 weeks in advance)
- _____ School Committee approval (4 weeks in advance)
- _____ Parents' permission slips (including date, time, place, transportation, dress info)
- _____ Approved date from master calendar coordinator
- _____ Submit bus request to Business Office for all but charter buses (charter buses can be arranged by the teacher)
- _____ Order bag lunches in advance (3 weeks notice)
- _____ Collect permission slips
- _____ Create participant list for attendance purposes
- _____ Copy list and leave permission slips in main office
- _____ Secure chaperones (1 chaperone to 6 students)
- _____ Provide chaperones