

Salem County Special Services School District

Field Trip Request

Site _____ Program _____ Destination: _____

Address: _____ Phone: _____

Purpose of trip:

Pre-trip activities:

Explain how trip is relevant to the adopted curriculum:

Post trip activities:

Cost per student: _____ Cost per staff: _____ Total: _____

Safety precautions and preparation (checklist):

- | | | |
|-----------------------------------|---------------------------------------|----------------------------------|
| 1. Bus behavior | 5. Behavior on the trip | 9. Meeting places and times |
| 2. Parent aides orientation | 6. Provisions for lunch & trash | 10. Notify Lunchroom |
| 3. Take roll before & upon return | 7. Provisions for lavatory facilities | 11. Precautions peculiar to trip |
| 4. Emergency treatment | 8. Provisions in case of illness | |

Transportation Request

Need out of District Bus: Yes No Using District Bus: Yes No If yes, who is the driver _____

Day and Date of Trip: _____ Departure Time: _____ Time of Return: _____
(From site location) (To site location)

Rain Date: _____ No. of pupils: _____ No. of staff: _____ Additional _____ Reason _____

Bus equipment needed: Yes No

Wheelchair tie downs _____ Harnesses _____ Folding Wheelchairs _____ Other _____

Signature of teacher(s) in charge _____ Phone Number and extension _____

Yes No Approved by Principal/Program Coordinator _____

Yes No Approved by Superintendent _____

RDS Personnel Only: Bag Lunches Required: Yes No Students and Staff to be removed from lunch count _____

This form is to be submitted through the Principal/Program Coordinator to the Superintendent for approval. Upon approval, a signed copy will be returned to the School Secretary, and the original form will be forwarded to the Transportation Coordinator. After the trip is taken, the teacher MUST complete and return to the Superintendent's office a copy of the form, along with verification that the trip was taken

Date trip was taken _____ Number of pupils who went _____ No. of staff who went _____ Receipts attached _____