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

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: __________

(Rain Date: _______ No. of pupils: _______ No. of staff: _______ Additional _______ Reason _______)

(From site location) (To site location)

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 __________