



LOWER CAPE MAY REGIONAL SCHOOL DISTRICT FIELD TRIP REQUEST FORM

Date of Request: _____

All field trips must receive prior approval from the principal, transportation supervisor and superintendent. In order to receive the full support of the school district, legal and budgetary, it is necessary that their approval be board approved.

THIS FORM MUST BE SUBMITTED TO THE PRINCIPAL AT LEAST THIRTY-FIVE (35) DAYS PRIOR TO THE STATED TRIP AND MUST INCLUDE A DETAILED ITINERARY OF THE PLANNED FIELD TRIP AND *STUDENT ROSTER*. IF NO ITINERARY OR STUDENT ROSTER IS ATTACHED, THIS FORM WILL BE RETURNED WITHOUT ACTION.

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Time: _____

Name of Curricular or Co-Curricular Group: _____

Name of Person in Charge: _____

Purpose of Trip (One Sentence): _____

of Pupils Involved: _____ Cost to Individual Pupil: _____

Type of Transportation Required (School or Public): _____

Substitute Teacher Required: Yes / No If Yes, Specify What Period(s): _____

Name of Adults Accompanying Group: _____

Principal's Signature: _____

Nurse's Signature: _____

Transportation Supervisor's Signature: _____

Superintendent's Signature: _____

NOTE: IF THIS FIELD TRIP IS CANCELLED, NOTIFY THE TRANSPORTATION SUPERVISOR IMMEDIATELY.

COST OF BUS TO BE PAID BY:

_____ Board of Education

_____ Club Activity

_____ Other