

SANBORN REGIONAL SCHOOL DISTRICT  
OFFICE OF THE SUPERINTENDENT OF SCHOOLS

**FIELD TRIP REQUEST FORM**

SCHOOL \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

DESTINATION \_\_\_\_\_

DATE OF DEPARTURE \_\_\_\_\_ DATE OF RETURN \_\_\_\_\_

GRADE \_\_\_\_\_ CLASS \_\_\_\_\_ OTHER \_\_\_\_\_ TEACHER/ADVISOR \_\_\_\_\_

NUMBER OF STUDENTS PARTICIPATING \_\_\_\_\_ NUMBER OF CHAPERONES \_\_\_\_\_

DISTANCE IN MILES (APPROXIMATE) ROUND TRIP \_\_\_\_\_

MODE OF TRANSPORTATION (BUS, PRIVATE CARS, PLANE) \_\_\_\_\_

PURPOSE OF TRIP \_\_\_\_\_

A. Does this field trip request include any fundraising? YES \_\_\_ NO \_\_\_ If YES, please attach a detailed sheet and an explanation of all fundraising activities.

COST OF TRIP:	Transportation Expense _____	Substitute Teachers _____
	Fees, Registration _____	Other _____
	Total Cost of Trip \$ _____	

SOURCE OF FUNDING \_\_\_\_\_

B. Please attach written information to be provided to chaperones.

C. If this field trip request is for more than one day and/or involves an overnight stay, please attach:

1. A detailed itinerary of activities.
2. A copy of proposed communication to students and their families.
3. A statement of insurance coverage (please check with SAU Office for specific requirements).

NOTIFICATION TO NURSE \_\_\_\_\_ DATE \_\_\_\_\_

NOTIFICATION TO CAFÉ \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL'S APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

SUPERINTENDENT'S APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL BOARD APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_