

OXFORD PUBLIC SCHOOLS

FIELD TRIP APPROVAL FORM

All teachers and other staff seeking to take students on a field trip must obtain appropriate permission from the District's Administration. A District Nurse must also review and sign off on each field trip. Field Trip Approval Forms require multiple signatures; therefore, please allow sufficient time to secure all approvals. Please submit this completed form to the Superintendent's Office at least 14 days prior to an in-state field trip, or at least 30 days prior to an overnight or out-of-state field trip requiring School Committee approval. Please print clearly.

A. GENERAL INFORMATION

DATE OF REQUEST: _____ DATE OF FIELD TRIP: _____

FIELD TRIP COORDINATOR: _____ PHONE: _____

GRADE LEVEL(S) OF STUDENTS **OR** NAME OF PROGRAM ATTENDING: _____

ESTIMATED NUMBER OF STUDENTS ATTENDING: _____ NUMBER OF CHAPERONES: _____

TYPE OF FIELD TRIP: Local trip/Oxford School Day/In-State Extended Day/In-State Overnight Out-of-State

FIELD TRIP DESTINATION: _____

ADDRESS: _____

TIME OF DEPARTURE: _____ TIME OF RETURN: _____ STUDENT COST: _____

B. LEARNING AND ACCESSIBILITY *If Field Trip is part of the EduCare program, please check here:* **Not Applicable**

Instructional Alignment: Field trip is aligned to current standards. Students will have classroom preparation and follow-up work.

Accessibility: I understand that all students have access to field trips. I will ensure all students have appropriate supports needed.

C. FOOD SERVICES and TRANSPORTATION *If Field Trip is part of the EduCare program, please check here:* **Not Applicable**

Has the District's Food Services Director been notified of this field trip? **YES** **NO**

What means of transportation will be used for this trip? School Bus Private Bus District Van Walking Other

D. VOLUNTEER BACKGROUND CHECKS

I understand that CORI is required for ALL field trip chaperones and fingerprints are required for ALL overnight field trip chaperones.

I understand that ALL chaperones must read, understand, and sign the District's Chaperone Agreement.

E. APPROVALS

Has a District Nurse been notified of this field trip? **YES** **NO** Will an on-site nurse be required to attend this trip? **YES** **NO**

District Nurse Signature: _____

This field trip is justified and correlates with curriculum standards. **YES** **NO**

Administrator/Director Signature: _____

This field trip is *approved*. **YES** **NO** *Superintendent Signature:* _____

OVERNIGHT OR OUT-OF-STATE FIELD TRIPS REQUIRE SCHOOL COMMITTEE APPROVAL

APPROVED **DENIED** BY VOTE OF SCHOOL COMMITTEE AT MEETING OF: _____