

OXFORD PUBLIC SCHOOLS
FIELD TRIP REQUEST FORM

TEACHER OR SCHOOL GROUP: _____

SCHOOL(S) ATTENDING: _____

FIELD TRIP DESTINATION: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

PROPOSED DATE(S): _____

TIME OF DEPARTURE: _____ TIME OF RETURN: _____

GRADE LEVEL(S): _____ NUMBER OF STUDENTS: _____

STUDENT COST: _____ OTHER COSTS: _____

NUMBER OF CHAPERONES: _____

List of staff members who will be participating on this field trip:

_____	_____
_____	_____
_____	_____

How will this field trip correlate with the Massachusetts Curriculum Frameworks?

APPROVED: _____ DENIED: _____

PRINCIPAL

DATE

FOR SUPERINTENDENT'S OFFICE USE ONLY

APPROVED: _____ DENIED: _____

SUPERINTENDENT OF SCHOOLS

DATE: _____