

**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**

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**FOR SUPERINTENDENT'S OFFICE USE ONLY**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

\_\_\_\_\_  
**SUPERINTENDENT OF SCHOOLS**

DATE: \_\_\_\_\_