

# Weymouth Public Schools Field Trip / Off Campus Request Form

This form should be completed for any school activity conducted off school grounds. Please allow sufficient time (10 days minimum) for return notification of approval/denial of trip.



School: \_\_\_\_\_ Trip Coordinator(s): \_\_\_\_\_

Grade Levels: \_\_\_\_\_ Discipline/Course(s): \_\_\_\_\_

Destination: Place, Town and State: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Individual, Company or Organization Hosting/Conducting this trip: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Departure Day/Date/Time: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Number of Students: \_\_\_\_\_ Return Day/Date/Time: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_



Check all that apply

Transportation:  = Walking  = Van  = Town Bus  = First Student Bus  = Other \_\_\_\_\_

**Names of Chaperones:** *All chaperones must have a CORI check (overnight and/or out-of-state chaperones must be fingerprinted as well) ALL FIELD TRIPS REQUIRE 1 CHAPERONE PER 15 STUDENTS. There shall be at least two chaperones on all field trips.*


**Substitutes:** Will substitutes be needed for this trip?  = NO  = YES If "yes", how many subs are needed? \_\_\_\_\_

Substitutes will be paid from:  = School Budget  = Grant Name \_\_\_\_\_  
 = Other Source \_\_\_\_\_



**Medical:** Check with school nurse for student medical concerns/needs. **NURSE MUST INITIAL THIS FORM** \_\_\_\_\_

**Monetary Information:** No Bus write N/A and No Cost write \$0.00.

# of Buses Needed for this Trip	TOTAL Cost of Buses	Admission/Fee Per Student	Amount EACH Student must pay

Is there a source of funding to support this trip other than student contributions?  
 = NO  = YES If "yes", what is the source?  
\_\_\_\_\_

Attach a typed page to the form describing the purpose of your trip, your lesson and related activities that students will be participating in before, during and after their visit. **Answer** 1) What is the learning objective? 2) What are the learning outcomes? (What students will be able to do or know as a result of the trip.) 3) How will the experiences/learning gained be assessed? Please attach any necessary support documents including lessons, an itinerary, etc. (Note: Please be sure that lessons align with Massachusetts Frameworks and list the standards being covered.)

Supervisor/Teacher : \_\_\_\_\_ Approved Date \_\_\_\_\_  
Principal: \_\_\_\_\_ Approved Date \_\_\_\_\_  
SPED Director (If Applicable): \_\_\_\_\_ Approved Date \_\_\_\_\_  
Grants Director (If Applicable): \_\_\_\_\_ Approved Date \_\_\_\_\_  
Asst. Superintendent: \_\_\_\_\_ Approved Date \_\_\_\_\_

**Overnight and out-of-state trips require School Committee Approval. Please allow additional time!**  
 **APPROVED** by School Committee (Date) \_\_\_\_\_