

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*

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: It is assumed that lessons align with the Massachusetts Frameworks, so listing standards is not necessary.)

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) _____