

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) _____