

**BRANFORD PUBLIC SCHOOLS -- FIELD TRIP REQUEST FORM**

**TO:** Superintendent of Schools

**FROM:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**RE:** Field Trip **DATE:** \_\_\_\_\_

Approval is requested for a field trip for \_\_\_\_\_ members of the \_\_\_\_\_ grade(s)

at \_\_\_\_\_ School to: \_\_\_\_\_

\_\_\_\_\_ (Place)

Date(s) of the field trip: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Time/Date Leaving: \_\_\_\_\_ Time/Date Returning: \_\_\_\_\_

Students will travel by \_\_\_\_\_ at no cost to the Board of Education.

Substitute coverage, if needed, has been arranged: Yes \_\_\_\_\_ No \_\_\_\_\_ for \_\_\_\_\_ days.

Chaperones: (K-4=5 to 1; 5-8=10 to 1; 9-12=15 to 1)

\_\_\_\_\_  
\_\_\_\_\_

Rationale for trip (List how it correlates with curriculum; is it a culminating activity?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-Up Activities: (What activities will students participate in after the trip?)

\_\_\_\_\_

Fundraiser opportunities/Scholarships/Student Contribution/Fund-Raising Goal \$ \_\_\_\_\_:

\_\_\_\_\_

\*APPROVED: \_\_\_\_\_  
Superintendent or  
Assistant Superintendent

\_\_\_\_\_  
(Name of Teacher)  
Cell No.: \_\_\_\_\_

\*More than 150 miles or overnight.  
[BBOE Field Trip Policy No. 6153]

APPROVED: \_\_\_\_\_  
Principal

C: Central Office (if overnight or more than 150 miles); Principal; Teacher  
[This form is to be submitted at least 10 working days prior to field trip for in-state trips.]  
February 16, 2011 BOE Approved; 8/1/12 Update.