



Plainfield Board of Education

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Dr. Steve Gallon III
Superintendent

OVERNIGHT FIELD TRIP REQUEST FORM

NO COST TO THE DISTRICT – COST OF TRIP TO BE PAID BY PARTICIPANTS

This request must be submitted to the Superintendent eight weeks prior to date of trip
An activity bus request form must be included with this request.

DATE
SCHOOL PRINCIPAL
GRADE/SUBJECT NO. OF CLASSES
TEACHER/POSITION TITLE
DESTINATION
DATE(S) OF TRIP DURATION OF TRIP
PICK UP POINT
TIME OF DEPARTURE TIME OF RETURN
NUMBER OF STUDENT'S COST TO STUDENTS
NUMBER OF TEACHERS COST TO TEACHERS
NUMBER OF PARENTS COST TO PARENTS
TOTAL TOTAL

RATIO OF CHAPERONES TO STUDENTS
CHECK ONE: BOARD VEHICLE (NO COST) CONTRACTED SERVICE \$ (APPROXIMATE)
HOTEL NAME:
ADDRESS
PHONE #

ACCOMODATIONS: Attach list of chaperones with hotel room and floor assignment

TRIP DESCRIPTION:

How will the trip be financed?
Have financial arrangements been made for students who are unable to pay?

Note: Permission slips and permission to treat emergency are expected to travel with the group.
WHEN USING A BOARD BUS ...ALL TOLLS AND PARKING CHARGES ARE THE RESPONSIBILITY OF THE PERSON ARRANGING THE TRIP AND MUST BE GIVEN TO THE BUS DRIVER BEFORE DEPARTURE.

FIELD TRIP ATTENDANCE

NAME OF SCHOOL

DATE

Copies of this form must be completed in triplicate for all trips. The sponsor is to retain one copy; the principal is to retain one copy prior to the trip and one copy is to be submitted to the Superintendent. Return attendance must be recorded prior to return to school and checked before students are dismissed.

Trip Destination: _____

Hotel Room #	Chaperone	Student's Name	Address	Phone #
A	Mr. Jones	Alex Johnson	25 Main St	908-333-3333
		Dave Jones	33 Ave A	908-222-2222
B	Mrs. Smith	Alicia Smith	225 Main St	908-444-4444
		Barbara Jones	655 Ave D	908-555-5555
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> S A M P L E </div>				

