

Attleboro School Department Day Field Trip Proposal

Academic

Extracurricular

School:	Trip Coordinator:	Date:
Grade/Class:	# of Students:	# of Chaperones:
		Ratio:

Destination(s):	Date:	Distance:
Educational Justification:	Chaperone List:	

Type:

Superintendent's approval, three weeks prior, less than 75 miles

School Committee approval, three weeks prior, more than 75 miles

Transportation By:	Insurance:
Leaving Time:	Pickup:
Returning:	

Cost Per Student

Admission:	Funding Sources:
Transportation Cost:	
Other Cost:	Total Funds
Total Cost To Student	Net Cost To Student:

Approvals

Requested By:	Date:
Principal:	Date:
School Nurse:	Date:
Superintendent/Designee:	Date:
School Committee Approval/Denial:	Date:
I have read and understand the Field Trip Policy IJOA	
Initial	