

**ESSEX COUNTY SCHOOLS OF TECHNOLOGY
Field Trip Request Form
2018-2019**

FIELD TRIPS MUST BE SUBMITTED FOR APPROVAL AT LEAST 30 DAYS BEFORE THE BOARD MEETING

REQUESTED BY (Full Name): _____ SCHOOL/AGENCY: _____	CLASS/ CLUB/ TEAM/GROUP: _____ PERSON(S) SUPERVISING THIS TRIP (Phone No. or Ext.): _____ _____
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TRAVEL INFORMATION (Please include address AND contact number)

DESTINATION: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE#: _____

DEPARTURE FROM SCHOOL	ALTERNATIVE DATE (or RAIN DATE)
DATE: _____ TIME: _____	DATE: _____ TIME: _____
PICK UP FROM DESTINATION	PICK UP FROM DESTINATION
DATE: _____ TIME: Whenever!	DATE: _____ TIME: _____

MEANS OF TRANSPORTATION: (Check one) PRIVATE BUS SCHOOL BUS VAN OTHER/(DESCRIBE) _____

OTHER/DESCRIBE- IE WHEEECHAIR ACCESSABLE: _____

TOTAL NUMBER OF STUDENT(S): _____					TOTAL NUMBER OF CHAPERONE(S): _____	
	9th	10th	11th	12th		
NO. OF STUDENTS:						
COST TO STUDENT					COST TO BOARD	
TRANSP. \$					TRANSP. \$	
ADMIS. \$					ADMIS. \$	
MEAL\$					SECURITY\$	
OTHER\$					OTHER\$	
TOTAL: \$					TOTAL: \$	

NAME	PHONE #	
1 _____ / _____		<input type="checkbox"/> STAFF <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER
2 _____ / _____		<input type="checkbox"/> STAFF <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER
3 _____ / _____		<input type="checkbox"/> STAFF <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER
4 _____ / _____		<input type="checkbox"/> STAFF <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER

Please use p. 2 for additional chaperones.

ATTENTION: IS A DOWN PAYMENT/DEPOSIT REQUIRED? IF SO, HOW MUCH? BY WHEN? – THIS INFO SOULD APPEAR ON REQ

BOARD OF EDUCATION	SCHOOL PRINCIPAL
AUTHORIZED BY:	AUTHORIZED BY:
(NAME) (DATE)	(NAME) (DATE)
(NAME) (DATE)	(NAME) (DATE)

