



NANTUCKET PUBLIC SCHOOL FIELD TRIP PERMISSION FORM

TEACHER(S): _____ **SCHOOL:** _____ **GRADE:** _____

DESTINATION: _____

DATE OF TRIP: _____ **DEPARTURE TIME:** _____ **RETURN TIME:** _____

WILL STUDENTS BE TRAVELING BETWEEN MIDNIGHT & 6:00 AM AND/OR STAYING OVERNIGHT NO YES

(If YES, please refer to the requirements in the Nantucket Public Schools Field Trip and Student Travel policy)

WHAT ARE THE EDUCATIONAL GOALS OF THIS TRIP AND WHAT FOLLOW-UP EXPERIENCES WILL YOU PROVIDE TO REINFORCE THE EDUCATIONAL VALUE OF THE TRIP? (Please describe in full detail and attach any additional information.)

NUMBER OF TEACHERS: _____ **NUMBER OF STUDENTS:** _____ **CHAPERONES:** _____

(Number of males and females if hotel is needed) M: _____ F: _____

WILL STUDENTS BE CHAPERONED BY ANYONE OTHER THAN NPS FACULTY?

If YES, explain (please refer to the Nantucket Public Schools CORI policy):

WILL STUDENTS BE UNCHAPERONED AT ANY TIME DURING THE TRIP? If Yes, explain:

HOW WILL THE TRIP BE FUNDED? (If fundraising, refer to the Nantucket Public Schools policy on Fundraising JJE and attach a completed Fundraising Approval Form to the application.)

- ____ FUNDRAISING
- ____ SCHOOL FUNDS
- ____ STUDENT/FAMILY CONTRIBUTION
- ____ OTHER (please specify _____)

ESTIMATED COST OF EACH PORTION OF THE TRIP:

ENTRANCE FEES	_____
TRANSPORTATION EXPENSES	_____
MEALS/SNACKS	_____
PARKING COSTS	_____
CHAPERONE/DRIVERS	_____
OTHER (please describe)	_____
TOTAL:	_____



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DETAILS FOR ALL TRANSPORTATION:

TYPE OF TRANSPORTATION (IF NEEDED): ___ PLANE ___ BOAT ___ CAR ___ BUS

IF THERE IS A STUDENT FEE ASSOCIATED WITH THE TRIP, WHAT SCHOLARSHIP/ ASSISTANCE WILL BE MADE FOR STUDENTS WHO CANNOT AFFORD THE PROPOSED FEE FOR THE TRIP?

ACCOMMODATIONS (if applicable), PROCEDURES AND ANY SPECIAL SAFETY CONSIDERATIONS (Please be sure to give the name and address of the hotels(s). Airline reservations are made by the Administrative Offices. Boat reservations are to be made by the individuals involved and this **should not** be done until you have received approval for the trip by both the Principal and the Superintendent.

This form is to be completed and signed by ALL parties BEFORE any arrangements can be made * PLEASE ATTACH STUDENT LIST WITH THIS FORM

If this trip request is approved, I understand the written permission from all parents/guardians concerned must be obtained for children to participate. No changes in the destination or date will be made without contacting the principal's office first and securing his/her approval. I will report any damage, accident or disciplinary infraction to the principal immediately upon returning to school.

Applicant Signature

Date

School Nurse Signature

Date

Building Principal Signature

Date

Approved

Not Approved

Superintendent Signature

Date

Approved

Not Approved