

**Administrative Procedure Form 260-05**

**APPLICATION FOR FIELD TRIP**

School: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Teacher-Leader: \_\_\_\_\_

**Description:**

Purpose \_\_\_\_\_

**Type:**            Co-curricular            Extended Co-curricular            Extra-Curricular

**Category:**        A                            B                            C                            D

**NB:** (All Type C Field Trips must be approved by the Office of the Superintendent and Category D Field Trips must be approved by the Board of Trustees)

**Destination:**

Town: \_\_\_\_\_

School: \_\_\_\_\_

**Time Frame:**

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Contact Phone #'s:**

School: \_\_\_\_\_ Cell: \_\_\_\_\_

**Participants:**

Grade(s) \_\_\_\_\_ Number: \_\_\_\_\_

**Supervision: (For overnight and coeducational trips, male and female supervisors are required)**

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_

**Transportation:**

Walking	Commercial Carrier	GYP PSD Bus #
Private Vehicles	Other	Activity Bus #

**Parental Involvement:**

1. How were parents/guardians made aware of trip?

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2. When were they informed?

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3. Who informed them?

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**Special Needs Accommodations:**

Student Name: \_\_\_\_\_ Medical Needs: \_\_\_\_\_

Student Name: \_\_\_\_\_ Medical Needs: \_\_\_\_\_

Student Name: \_\_\_\_\_ Medical Needs: \_\_\_\_\_

**Special Needs Students and Identified Provisions/ Additional Supports:**

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**Excluded Student(s):** \_\_\_\_\_

**Reason(s) for Exclusion:** \_\_\_\_\_

**Alternate Learning Provisions:** \_\_\_\_\_

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**Signature of Teacher-Leader Once Completed: NAME \_\_\_\_\_**

**SIGNATURE \_\_\_\_\_**

**DATE \_\_\_\_\_**

\_\_\_\_\_  
Approved by Principal

\_\_\_\_\_  
Date

**NB: Attach appropriate additional forms and information as required by Administrative Procedure 260 when completing the application.**

**DISTRIBUTION: File at school level**