

# OVERNIGHT FIELD TRIP REQUEST FORM

Principal/School Requesting Trip: \_\_\_\_\_

Grade(s) Planning To Attend Trip: \_\_\_\_\_

Destination/Location of Trip: \_\_\_\_\_

Proposed Field Trip Dates: \_\_\_\_\_

Number of Students Expected to Participate: \_\_\_\_\_

Number of Chaperones/Teachers: \_\_\_\_\_

Cost Per Student: \_\_\_\_\_

Means of Financing: \_\_\_\_\_

Purpose of Trip (including educational value and advantages to be derived from the experience):

\_\_\_\_\_  
\_\_\_\_\_

Proposed Itinerary: \_\_\_\_\_

\_\_\_\_\_

Details on Expected modes of transportation and insurance: \_\_\_\_\_

\_\_\_\_\_

Arrangements for lodging and meals: \_\_\_\_\_

\_\_\_\_\_

Refer to **POLICY IJOA** for further information on requesting a Field Trip.

Date of Request: \_\_\_\_\_

Holliston School Committee Action:

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_ Date