

# BELLMAWR PUBLIC SCHOOLS

## Field Trip Application

Teacher \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Number of children \_\_\_\_\_

Number of chaperons \_\_\_\_\_ (do not include teachers)

Place to be visited (include name and address)

Purpose/Objective

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of trip \_\_\_\_\_

Time leaving school \_\_\_\_\_

Time returning to school \_\_\_\_\_

Number of buses needed \_\_\_\_\_

Total admission cost \_\_\_\_\_

Is prepayment of admission required? Yes \_\_\_\_\_ No \_\_\_\_\_ Date required \_\_\_\_\_

Name and address to whom payment must be made:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is a bus required for a handicapped student? Yes \_\_\_\_\_ No \_\_\_\_\_

Are any students in need of medical attention on the trip? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Signature of Nurse \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**This application should be filed in the Office of the Superintendent five (5) weeks prior to the date of the field trip, in order to get Board approval.**

Office use only

Date Received in Superintendent's Office \_\_\_\_\_

Date Received in Board Office \_\_\_\_\_

White Copy - Superintendent's · Yellow Copy - Board Office · Pink Copy - Principal's Office · Goldenrod - Teacher