IRVINGTON PUBLIC SCHOOLS
1 UNIVERSITY PLACE
IRVINGTON, NEW JERSEY 07111

FIELD TRIP CHECKLIST

School:		Teacher/Advisor:	

Organization/Class/Club:	

Date of Submission: _____

The attached field trip packet contains the following:

1.		Request for Authorization
2.		Board Approval Date-Listed under "Comments" on the Request for Authorization
3.		Field Trip Rationale
4.		Permission Slip
5.		Emergency Contact Information
6.		Field Trip Participation List
7.		Directions from school site (map quest can be used)
8.		Nurse provided lead chaperone with all necessary medical information

* Field Trip Evaluation Form must be submitted 3 days after the field trip.

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FIELD TRIP CHECKLIST

REQUEST FOR AUTHORIZATION

REQUESTED BY:		CLASS/GROUP:	
SCHOOL/AGENCY:		PERSON (S) IN CHARGE:	
DESTINATION:			
CITY: STATE:		Zip:	
DATE OF FIELD TRIP:		DEPARTURE:	
RAIN DATE:		DATE:	TIME:
		RETURN:	
		DATE:	TIME:
		EVENT START:	EVENT END:
MEANS OF TRANSPORTATION: (CIRCLE ONE)		NAME OF TRANSPORTATION COMPANY.	
PRIVATE BUS			
VAN	OTHER (Description)		
APPROXIMATE ATTENDANCE	AMOUNT	COST TO STUDENT (Specify)	COST TO BOARD
NO. STUDENTS	$		TRANS. $
NO. TEACHERS	$		ADMISSION:$
NO. PARENTS	$	OTHER - Cost - (Specify)	SECURITY
SPONSORING GROUP:			OTHER
		TOTAL $	TOTAL $

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FIELD TRIP CHECKLIST

SCHOOL LOCATION	BOARD OF EDUCATION
Principal's Signature:	Assist. Superintendent's Signature:
Approval:_____ Date:_____	Approval:_____ Date:_____
Denial: _____ Date:_____	Denial:_____ Date:_____
Athletic Director's Signature:	School Business Administrator's Signature:

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FIELD TRIP CHECKLIST

REQUEST FOR FIELD TRIPS

Date: _____

Place(s) Of Field Trips: _____

Address: _____

Date Of Trip: _____   Alternate Date: _____

School (s)   Grade (s)   Teachers (s)

a)_____   _____   _____

b)_____   _____   _____

c)_____   _____   _____

Number of Pupils Per School/Grade:

a)_____   b)_____   c)_____

Number of Chaperone (s) Per School/Grade:

a)_____   b)_____   c)_____

Cost Per Pupil: $_____

Estimated Time Of School Departure:_____

Estimated Time Of Departure From Field Trip:_____

Purpose of Trip:_____

_____

_____

Order of Pick Up Of Schools:

a)_____   b)_____   c)_____

Principal(s) Signature & Date:
a)_____   b)_____   c)_____

Assistant Superintendent: _____   Date:_____

To Teachers:
a) Signed permission slips from parent/guardian must be in the school office before the field trip.
b) Only one teacher will complete this form in duplicate

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FIELD TRIP CHECKLIST

FIELD TRIP RATIONALE

The following must be completed and attached with the transportation request form:

Date_____

School_____

Instructor's Name_____

Subject_____

Grade level(s)_____

Field trip objective _____

_____

Field trip pre-planning classroom activities:

A._____

B._____

C. _____

Field trip follow-up classroom activities:

A._____

B. _____

C. _____

NJ Content Standards_____

Evaluation of the field trip must be submitted in writing to the principal within three days after completion of the field trip.

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FIELD TRIP CHECKLIST

FIELD TRIP PERMISSION SLIP

Teacher/Sponsor: **Ms. Colon, Mr. Love, Mr. Estrada & Ms. Holmes**   Date: **May 30, 2017**

Course/Club: ___ **5ᵗʰ Grade Classes**

Dear Parent/Guardian:

A trip has been scheduled as part of your child's school program. The trip has been planned to extend and enrich learning experiences.

Your child's participation in the trip is conditional upon acknowledgement, on the form below, that he/she will be away from school on the date scheduled. By signing the form below as indicated, you are authorizing that your child may participate in the trip described.

I hereby acknowledge that my child, _____ will participate
                                                                  (Child's Name)

in a class trip to __**Union Avenue Middle School, Irvington, New Jersey**_____on_____**June 5, 2017.**___
                                   (Destination)   (Date)

I understand that the class/club will travel by bus and will be chaperoned by teachers and (if necessary), parents. The bus will leave at
9:00 a.m._____ and return at ____**11:45 a.m.**_____

Signed: _____
                                   (Parent/Guardian)

Other: _____
_____
_____

Teacher's Signatures – Teacher's notification of the trip. _____
                                                                                           (Homeroom Teacher)

Period		**Period**	
1. _____		5. _____	
2. _____		6. _____	
3. _____		7. _____	
4._____		8. _____	

Turn ⟹

IRVINGTON PUBLIC SCHOOLS
Emergency Contact Information for Field Trips

Student Information

Student: _____ _____   Grade: _____
Student Address: _____   Birthdate: _____
City: _____
Zip code: _____ _____
Phone: _____

FIELD TRIP CHECKLIST

Attach documentation regarding unique circumstances concerning legal guardianship of the above student.

EMERGENCY CONTACT INFORMATION

The individuals below have authorization to pick up my child and can be reached during school hours or evening hours at the number listed.

Name: _____ Relationship: _____ Phone: (   )_____

Home Address: _____City, State, Zip:_____ _____

Name: _____ Relationship: _____ Phone: (   )_____

Home Address: _____ City, State, Zip:_____ _____

Contact comments: _____ _____

Emergency & Health Information

In case of serious accident or illness on the trip, your child will be sent to an emergency medical facility. The parent(s)/guardian(s) is/are responsible for all expenses.

Physician's Name: _____ _____ Phone: Phone: (   )_____

Medical Alert 1: _____ Medical Alert 2: _____ ____

Health Comments: _____

Emergency comments: _____

Parent/Guardian Information

Name:_____ Relationship: _____

Home Address: _____ Legal Guardian: __ Yes _____No

City, State, Zip: _____ Resides With: ____Yes _____No

Employer: _____ Home Phone (___)_____

Address: _____ Work Phone (___)_____

City, State, Zip: _____

Parent/Guardian Comments:

I understand that by signing this permission slip I am authorizing the school nurse, with the approval of the building principal, to release any medical/health information to the chaperones of this field trip, as long as in the opinion of the school nurse, the environmental or other conditions the student may encounter during this trip warrant said disclosure.

 Student Name _____

Print Parent/Guardian Name: _____

(1): _____

Parent/Guardian Signature (1): _____ Date: _____

Print Parent/Guardian Name(2): _____

Parent/Guardian Signature (2): _____ Date:_____

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FIELD TRIP CHECKLIST

(Requires signature of all parents/guardians who student lives with – please complete and return to teacher/chaperone)

FIELD TRIP PARTICIPATION LIST

School Name:_____   _____

Teacher's Name _____   **Date**_____

Class_____   **Trip Date** _____

Destination_____

Student's Name	Address	Home Number	Emergency Number

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FIELD TRIP CHECKLIST

FIELD TRIP EVALUATION FORM

Date_____

A.   General information regarding trip

Place   _____

Date _____ Hours_____ No. of pupils_____

Number of chaperones _____

Curriculum objectives _____

_____

B.   Specifics

Whom to contact (name and address)_____

_____

Recommended grade level (s) _____Rest rooms _____   _____
                                                                        Yes   No

Refreshment facilities ____   _____   Type_____
                        Yes   No

General admission fee _____ * Fee per child _____

Recommended transportation_____

Length of trip: Travel time (one way) _____Tour time_____

* Includes fare, admission fee and gratuities

File Code : 2330

FIELD TRIP CHECKLIST

FIELD TRIP EVALUATION FORM (continued)

C.   Recommendation

Yes (moderate)   Yes (strong)   Not recommended

D.   Other remarks and data

Prepared By:

School _____ Grade_____   _____
                                                    Teacher in Charge

Note: Must be on file in principal's office