

Little Compton School District Field Trip Request Form

Submitted by: _____	Date Submitted: _____
Date of Trip: _____	Grade(s): _____
Destination: _____	
Number of Students: _____	Number of Chaperones: _____
Nurse has been notified: yes no	

Chaperones:			
Teacher/Teacher Asst.	Substitute Funding Source	Cost	Business Office
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Chaperones:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Departure Time: _____	Bus Company to be Used: _____
Return Time: _____	
Field Trip Funding Source: _____	Bus(es): _____ @ \$ _____
Total cost Per Student: _____	Special Needs Bus(es) _____ @ \$ _____
Curriculum Connection: (Please list specific standards or student goals that are supported by this field trip experience.) _____	

This request is approved by:	
School Committee(over 105 miles): _____	Date: _____
Principal's Signature: _____	Date: _____
Superintendent's Signature _____	Date: _____