

Coventry Public Schools
Coventry, RI

FIELD TRIP REQUEST FORM

School:	Date of Application:
Requesting Teacher:	Date of Field Trip:

Field trip request form and chaperone list must be filed with the Office of the Assistant Superintendent no later than seven (7) days prior to the field trip.

Class/Subject or Grade Taking Trip: _____ Destination: _____

Number of Participants: Students: _____ Adult Chaperones (including teachers): _____

Attach a list of all Adult Chaperones: include name, address, and telephone number

Departure from Coventry: Time: _____ Place: _____

Anticipated Arrival at Destination: Time: _____ Place: _____

Departure for Coventry: Time: _____ Place: _____

Anticipated Return to Coventry: Time: _____ Place: _____

Mode of Transportation: _____ If School Bus, number of buses required: _____
If personal vehicle(s) attach a copy of all drivers licenses

Costs: To Students: \$ _____ To District: \$ _____

Purpose and relationship of trip to class activities: _____

Educational Standard(s) to be realized through trip: _____

DATE: _____ TIME: _____ PLACE: (Room Number) _____ of reporting to your colleagues.
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Approved Denied _____
Principal's Signature

Approved Denied _____
Superintendent or Designee

Approved by School Committee: _____

Date: _____