

FAIRHAVEN PUBLIC SCHOOLS  
128 Washington Street ~ Fairhaven, MA 02719

FIELD TRIP REQUEST FORM

Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ Date of Request \_\_\_\_\_

Requested Date(s) of Attendance \_\_\_\_\_ Sponsoring Agency \_\_\_\_\_

Location of Field Trip (City and State) \_\_\_\_\_

Describe briefly the nature of the Field Trip and how you feel it will contribute to improving education in your classroom/school department, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In this section, include a list and/or number of students attending, the chaperone list, and the days' itinerary. (If necessary, please include supporting documentation) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHECK ONE:                      REG. APPROP.: \_\_\_\_\_                      PTO: \_\_\_\_\_                      GRANT: \_\_\_\_\_

ITEM:	COST:	ACCOUNT #:
*Field Trip Fee	\$ _____	_____
Substitute needed YES OR NO	\$ _____	_____
Bus	\$ _____	_____
Meals (approximate cost)	\$ _____	_____
Travel (approximate)	\$ _____	_____

**\*NOTIFY THE ADMIN. CENTER Ext. 135 IMMEDIATELY IF THE FIELD TRIP IS  
CHANGED/CANCELLED\***

Recommend:                      \_\_\_\_\_ APPROVAL                      \_\_\_\_\_ DENIAL

Approved by Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Business Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BE ADVISED THAT:**

- ✓ Purchase order must be made out to the organization only AFTER THIS FORM IS APPROVED.
- ✓ Form must be received **3 WEEKS** prior to date of Field Trip.
- ✓ **REVISED: FEBRUARY 2009**

