

Rich Township High Schools District 227
 Rich Central ♦ Rich East ♦ Rich South
FIELD TRIP REQUEST



COMPLETE AND RETURN TO YOUR PRINCIPAL FOR APPROVAL

GUIDELINES:

This form is to be submitted 2 weeks prior to your field trip.
 No field trips are to be taken during the last 3 weeks of each semester.
 All staff should be informed of students attending field trip 4 school days prior to trip.
 *All Non- District Employees must be approved by Human Resources (2 weeks in advance)

TRIP INFORMATION:

Give all copies of this form to administrator for approval.

Teacher(s):	Date Submitted:
Class:	Cost to Student:
Campus <input type="checkbox"/> Central <input type="checkbox"/> East <input type="checkbox"/> South	
Destination:	
Address:	
At what phone number can you be reached during the field trip?	
Number of Students Attending:	Grade Level: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Number of Staff Chaperones	Number of Parent Chaperones (*MUST BE APPROVED BY HR)
Objectives/State Standards:	Pre and Post-Activities:

REMEMBER TO FILL OUT A SUB REQUEST FORM WITH FIELD TRIP FORM !!!!

SUBSTITUTE INFORMATION:

Teacher to complete this section.

Substitute Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check one: <input type="checkbox"/> All day	
<input type="checkbox"/> Period sub: (circle all periods that apply)	1 2 3 4 5 6 7 8 9 10

Principal Approval: _____

TRANSPORTATION INFORMATION:

Teacher to complete this section.

Date of Field Trip:	Number of Buses:
Pick-up Time:	Return Time to Campus:

This request is: Approved Denied - Explanation: _____

**AFTER PRINCIPAL APPROVAL
 Make Bus Arrangements (Associate Principal Secretary)**

BUS CONFIRMATION (office use only):

Date bus ordered:	Ordered by:
Confirmed with:	Bus Company Name and Phone: Kickert School Bus – 708-758-4740

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FIELD TRIP REQUEST CHECKLIST



Prior to Field Trip:

- Application, along with trip rationale, submitted to Principal ten school days prior to field trip.
- Arrange for transportation:
 - Rich Central - Associate Principal Secretary
 - Rich South - Guidance Department Secretary
 - Rich East - Attendance Office Secretary
- Notice of Faculty Absence submitted
- List of participating students
- Student list emailed to staff four (4) days prior to trip
- Parent permission slips distributed
- Parent permission slips collected
- School cell phone requested
 - Personal cell phone registered with Main Office and Department Administrator
- Attendance list submitted to Attendance Office (for trips outside of school day/week)
- List of medical conditions/needs

On Day of Field Trip: (to accompany head chaperone)

- Cell phone numbers
- Parent permission slips
- Map of intended route
- List of attendees (one for each chaperone)
- District emergency procedures flipchart
- Trip Coordinator need to be sure to have a phone # of Administrator

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Parent Notification of Student Field Trip

General Information to be completed by teacher

Date of Field Trip: _____ Teacher/Chaperone: _____
 Departure time: _____ Class/Activity: _____
 Return time: _____ Destination: _____
 Periods missed: _____ Cost: _____

The school will make reasonable provisions for the safety and welfare of each student. The school's liability will not exceed that which is incurred on any normal school day. Health and accident insurance is the responsibility of the parent. This coverage is often included in the family's health and accident policy. Parents are responsible for arranging for transportation from the school to the home for field trips which extend beyond the school day.

Parent Permission

I give my permission for (student name) _____ to participate in this field trip. I have completed the information below so that the teacher/chaperone will have it should the need arise.

Medical conditions of which the chaperone should be aware: _____

Known allergies: _____

List any prescription medications which the student is bringing and may need to take while on the field trip:

Medication	For	Dosage

In case of emergency please contact:

Name: _____ Relationship: _____

Telephone: (daytime) _____ evening: _____

I give permission for necessary emergency medical treatment to be performed in the event I am unable to be contact at the time of any accident or injury to my child while participating in the above named school sponsored and/or school approved field trip.

Parent/Guardian Signature: _____ Date: _____

Telephone: _____

Student Agreement

I am aware that I will be held accountable for my behavior, and for any violation of school rules or policies as set forth in the Parent/Student Handbook. In addition, I am aware that I am responsible for any work missed during my absence, and it is my responsibility to contact my teacher to make arrangements to complete work.

Student Signature: _____ Date: _____