



APPLICATION FOR FIELD TRIP/EXCURSION

WESTFIELD PUBLIC SCHOOLS
1029 North Rd.
22-23 Hampton Ponds
Westfield, MA 01085

TO: Dr. Suzanne Scallion, Superintendent of Schools

DATE:

FROM: Name:

Grade/Dept.:

School:

Date of proposed trip:

Location of proposed trip:

Correlation to curriculum:

Number of students:

Total# of Chaperones:

Number of chaperones: (#teachers) (#aides) (#parents) (#others)

If chaperone is not an employee of the school department, please list names:

	NAME	CORI		NAME	CORI
1.	_____	_____	4.	_____	_____
2.	_____	_____	5.	_____	_____
3.	_____	_____	6.	_____	_____

**** All chaperones must receive a CORI check. Please indicate CORI is complete with a checkmark. If teacher substitutes are required, attach Unit A Attendance/Absentee Form (Blue Form) for superintendent's approval and signature.**

School Nurse Notified: Yes No

Mode and cost of travel:

Meals and housing arrangements and costs:

Projected agenda and schedule:

Estimated total expenditure per student:

Financing:

(Please include funding arrangements for students who are unable to pay all or part.)

Signature: _____ Date: _____

Principal's/Director's recommendation: _____

Principal's/Director's signature: _____ Date: _____

Superintendent's signature: _____ Date: _____

Approved by School Committee (if applicable): _____