

NARRAGANSETT SCHOOL SYSTEM  
APPROVAL FOR FIELD TRIP

Date: \_\_\_\_\_

To be completed by teacher responsible for trip.

This form must be filled out for all trips leaving school property two weeks prior to date requested.  
Teacher should submit form to Building Administrator.

School Office forwards form to Transportation who then forwards the form to Central Office.  
Please attach permission slip or announcement to request.

|  |                                       |                                |
|--|---------------------------------------|--------------------------------|
| Name:  | Date of Trip:                         | Substitute Needed: Yes      No |
| Bus Pick up Time:  | Expected Arrival Time Back to School: |                                |
| Number of Students:  | # of Adults:                          | Adults Attending: 1.           |
| 2  | 3                                     | 4                              |
| 5  | 6                                     | 7                              |
| 8  | 9                                     | 10                             |
| Destination:   |                                       | Description of Activity:       |
| Connection to curriculum (describe):   |                                       |                                |
|  |                                       |                                |
|  |                                       |                                |
| By signing this form I agree to give 24 hours notice if a field trip is cancelled. Otherwise the school will be charged to pay a driver 3 hours minimum. |                                       | Signature:                     |

Funds Information:

|  |                |                    |
|--|----------------|--------------------|
| Substitute Acct:                                     | Admission Fee: | Bus Needed: Yes/No |
| Describe Source of Funding / Include Account Number: |                |                    |
|  |                |                    |
| Cost Per Student:                                    |                |                    |
| Administrator Approval:                              |                | Date:              |

|                                  |       |
|----------------------------------|-------|
| Estimated Cost of Bus if needed: |       |
| Transportation Supervisor:       | Date: |

|                           |                             |
|---------------------------|-----------------------------|
| Transportation (Original) | Payroll (White Copy)        |
| Teacher (Canary Copy)     | Central Office (White Copy) |
| School Office (Pink Copy) |                             |