

Narragansett Regional
School District

REQUEST FOR FIELD TRIP/STUDENT ACTIVITY

Staff Member: _____ Date: _____

Staff Signature: _____ School: BES ET TC PMS MS HS

FIELD TRIP

Destination of Trip: _____ Date(s) / / to / /

Time: Leave: _____ Return: _____ Grade Level(s) _____ # of Students _____

Chaperones: Y N How many? _____ Sub required for the teacher? Y N Cost _____

Transportation: Y N

What bus company? _____ Party responsible for payment: _____

All field trips are self-supporting.

**STAFF OR PARENTS MAY NOT TRANSPORT STUDENTS. TRANSPORTATION
MUST BE ARRANGED THROUGH A BUS COMPANY.**

STATE EDUCATIONAL PURPOSE OF FIELD TRIP

IN SCHOOL ACTIVITY

Activity to be conducted: _____ Date: _____

Purpose of Activity: _____ Location: _____

Time: _____ to _____ Grade: _____ # of Students: _____

Teacher: _____ Sub Needed Y N

Principal: _____

