

Laconia School District

FIELD TRIP REQUEST

(Not to be used for interscholastic trips)

TEACHER(S) _____ DATE OF TRIP _____

SCHOOL _____ No. Adult Supervisors _____

Time: From _____ To _____ Grade _____ No. of Pupils _____

Name of CPR certified staff member(s) _____

Destination _____

Costs: Admissions _____ per pupil
Transportation _____ (bus or car*)
Meals _____ per pupil
Other _____ (itemize below)

1. Educational Objectives of Trip: _____

2. What arrangements have been made to ensure that all students have the opportunity to participate?

3. Planned follow-up Activities: _____

4. Names of Volunteers/Chaperones: _____

Principal

Approved

Not approved

Superintendent of Schools

Approved

Not approved

*100,000/300,000 coverage required