FIELD TRIPS

The New Milford Board of Education (the "Board") encourages and sanctions student field trips that are of value in helping achieve each participating student's educational objectives.

All student field trips shall require prior written approval by the building principal. In addition, all student field trips that are scheduled to last more than one day shall require the prior written approval of the Superintendent or his/her designee and the Board.

All student field trips that require public solicitation of funds shall require Board approval prior to any fundraising by involved students or others on their behalf. In addition, any such fundraising activities must comply with the provisions of the Board Policy concerning fundraising activities (Policy No. 3281) and any administrative regulations implementing such Board Policy.

The Superintendent or designee is authorized to develop administrative regulations to implement this policy. The Board will <u>not</u> be responsible for any field trip that is not approved in accordance with the procedures set forth in this policy and any accompanying administrative regulations.

Policy approved: June 20,2023 NEW MILFORD PUBLIC SCHOOLS New Milford, Connecticut

New Milford Public Schools Field Trip/Charter Request

School (Circle One): NMHS SMS Grade/Dept. (Circle One): Pre-K K 1 2 3 4 Date of Trip: Time of Dept.	5 6 7 8 9 10 11 12		S ot ne of Return:	
Destination (Specific Address Needed): Name of Destination: Street Address:		Date if different from	n depart.:	
City/State/Zip Note: If more than one destination is involved a should be attached to this form so transportation			is needed. It	
Type of bus being requested: School Bus Number of Participants: Students + Special needs or requests (Please be specific - v	Teachers + Ch wheel chair accomodation, vide	aperones =		
Primary Contact Person (Teacher) and Cell Pho				
Building Principal's Signature:		Da	ite:	
Coach Bus @ \$ = \$ Van @ \$ = \$ Return to school: ATTN: Bldg. Principal B List all teachers going on the trip and their Cell	Total (Signature & Date) us. Co.:	Phone:		
Will substitute coverage be needed? How does trip relate to the instructional program				
List Costs: Tickets/Admittance \$ \$ (list other)	(list other)		\$	
Transportation \$ (from above Students will be charged \$ each. Payment will be made from: \$ Students	,		\$	
This trip has my authorization to proceed:	dent rectivity, recount \$	Duaget	(Code)	
This trip has my addiorization to proceed.	(Principal's signature)		(Date)	
	(Assistant Superintendent))	(Date)	
Bus Arrangements Have Been Made:	(Business Office)	_	(Date)	