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**Wellesley Public Schools**

**Field Trip Approval Form SY23-24**

*Approval forms require multiple signatures. In order to ensure ample time for this, please submit this completed form to the Assistant Superintendent for Teaching and Learning within the timelines noted below:*

* *For in state field trips occurring during the regular school day hours:* ***30*** *days prior to the scheduled date of the trip*
* *For extended, overnight or out-of-state field trips:* ***60*** *days prior to the scheduled date of trip*
* *For foreign field trips: approval form must be received* ***prior to the school year*** *in which the trip is to take place*

*Please allow sufficient time to secure approvals from your administrator (e.g. Principal, Department Head, Director).*

**Date of Proposal:**

**Proposed Date(s) of Field Trip:**

**Name of Field Trip:**

**Grade(s) of Students:**

**Proposed Purpose of Field Trip:**

**Staff in Charge:**

**Name** **School/Department** **School Phone**

**Name       School/Department       School Phone**

**Name       School/Department       School Phone**

**Type of Field Trip: Day**  **Extended**  **Overnight**  **Out-of-State**  **Foreign**

**Location of Field Trip:**

**School Departure Time:** **Return to School Time:**

**Proposed itinerary for Field Trip:**

**Estimated number of students expected to participate:**

**Percentage of eligible students:**

**Cost per student:**

**Number of Chaperones/ Teachers:**

**Number of Students:**

**Description of transportation arrangements:**

Bus

Parent drivers (*WPS driver verification forms MUST be completed and on file with school secretary*)

Other (please describe):

**Description of arrangements for meals and lodging (if applicable):**

**Means of financing (funding source):**

**(Please attach a copy of any contract associated with this field trip to this form)**

**Description of educational alternatives for students NOT attending trip:**

**Description of the process that will be used to determine student eligibility:**

**Nurse Approval (field trip meets nursing standards):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nurse’s Name Signature Date**

**Nurse special instructions (indicate if Nurse required to attend):**

*Middle School & High School:* **Teachers organizing the trip MUST share a list of potential students attending the field trip with the nurse. This applies to ‘on campus’ and ‘off campus’ field trips.**

**Approval Signatures (refer to Field Trip Policy for required signatures):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_**

**Department Head Name Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_**

**Assistant Principal Name Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_**

**Principal Name (if required) Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_**

**Assistant Superintendent Name Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_**

**Superintendent Name (if required) Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_**

**School Committee Name (if required) Signature Date**

*Middle School & High School:* **Teachers organizing the trip MUST send a list of potential students attending the field trip to the faculty. This applies to ‘on campus’ and ‘off campus’ field trips. Final Notification to the faculty must be made at least 7 days prior to the field trip. Failure to do so will result in cancellation of the trip.**

*High School Only:* **If you’ve made arrangements for online payment, the Assistant Principal for Student Activities signature is required:**

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**Assistant Principal Name Signature Date**

***Please notify the Teaching and Learning office (bognannik@wellesleyps.org) and the Business office (schoolpurchasing@wellesleyma.gov) if this trip is canceled.***