

**Salem Public Schools Field Trip Request
Form 2011-2012 School Year**

*Needed for all Field Trips Regardless of Transportation Provider

School _____

Proposed Field Trip Primary Contact _____

Date of Request _____ (must be 2 weeks prior to field trip)

Date of Proposed Field Trip _____ # of Students _____ Accessible Vehicle? YES NO

Nursing Consult (must be completed for all field trips):

- | | | |
|--|-----|----|
| A. Does any student have an Epi Pen or Medical Plan? | YES | NO |
| B. Does a nurse need to attend (or parent/guardian)? | YES | NO |
| ○ Parent of student in need will attend | YES | NO |
| ○ The school is requesting nursing coverage | YES | NO |

School Nurse Signature (required) _____

Salem Public Schools Transportation Request:

Proposed Destination _____

Pick Up Time _____ NO EARLIER THAN 9 AM Return Time _____ NO LATER THAN 1 PM

Principal Signature (required) _____

Fax Request to 978-825-5542

No trip is considered confirmed until PPS & Transportation have returned approved request

Director of Pupil Personnel Services must approve all special education field trip requests

Request will be returned with confirmation/denial and estimated cost of trip

FOR INTERNAL USE ONLY:

DATE RECEIVED _____

PPS APPROVED _____ **NURSE ASSIGNED** _____

TRANSPORTATION APPROVED: ____ **DENIED:** ____

REASON DENIED _____

COST OF TRIP: _____

NUMBER OF HOURS: _____

LISTED IN BOOK: _____

REQUEST RETURNED: _____