

CIP Approved: \_\_\_\_\_

Board Approved: \_\_\_\_\_

**WESTFIELD PUBLIC SCHOOLS**

*Westfield, New Jersey*

**Part 1**

**OVERNIGHT  
FIELD TRIP APPLICATION\***

**NOTE: THIS APPLICATION IS DUE IN THE OFFICE OF THE ASSISTANT SUPERINTENDENT SIX WEEKS IN ADVANCE OF THE TRIP.**

*No arrangements for an overnight field trip should occur without prior approval of the idea from the Board of Education Curriculum, Instruction and Programs Committee.*

Date of original presentation of idea to Board of Education Committee \_\_\_\_\_

Date

School \_\_\_\_\_

Date of Application \_\_\_\_\_

Name of Staff Member Arranging Trip \_\_\_\_\_

Date of Trip \_\_\_\_\_

Alternate Date \_\_\_\_\_

Departure Time \_\_\_\_\_

Return Date/Time \_\_\_\_\_

Organization, Class, Group and Grade of Students \_\_\_\_\_

Total Number of Students \_\_\_\_\_

Destination \_\_\_\_\_

Trip Objective(s) \_\_\_\_\_

Relationship to Curriculum \_\_\_\_\_

Describe preparation of the participants for the field. \_\_\_\_\_

Describe arrangements to assure safety and supervision of the students. \_\_\_\_\_

Will a nurse accompany the group? \_\_\_\_\_ Who? \_\_\_\_\_

**\*Has the nurse reviewed the list of participants?** What needs did the nurse identify? What arrangements will be made to administer necessary medication? \_\_\_\_\_

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**Part 2**

**OVERNIGHT  
FIELD TRIP APPLICATION\***

Describe provisions for first aid and medical emergencies at the site. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the facilities at the overnight site. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you transport individual children home or to medical services if ill or hurt? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Bus Company \_\_\_\_\_ Capacity of Bus \_\_\_\_\_

Other Transportation \_\_\_\_\_  
(Use of private cars requires authorization of the Business Administrator)

District Cost Per Pupil \_\_\_\_\_ Personal Cost Per Pupil \_\_\_\_\_

Number of Chaperones (Staff-Please List) \_\_\_\_\_ (Parents) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substitute(s) Required \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the school nurse required to attend trip: \_\_\_\_\_

*\*School nurse has reviewed and responded to the medical needs of students who will participate.*

(School Nurse's signature) \_\_\_\_\_

**APPROVALS:**

\_\_\_\_\_ Date \_\_\_\_\_ Date  
Department Supervisor Building Administrator

\_\_\_\_\_ Date  
Assistant Superintendent of Curriculum & Instruction

Out-of-country trips require the approval of the Business Administrator to assure proper insurance coverage.

\_\_\_\_\_ Date  
Business Administrator

**\*PLEASE CALL AESOP at 1-800-942-3767 OR log on to [www.aesoponline.com](http://www.aesoponline.com) immediately upon approval.**