## SUFFIELD PUBLIC SCHOOLS

350 Mountain Road, Suffield, Connecticut 06078 TELEPHONE 860-668-3800 FAX 860-668-3805



## Suffield Public Schools Field Trip/School Sponsored Trip Request Form

Directions: Form to be completed by Advisor of the field trip. The completed form needs to comply with all regulations found in Policy #6153.

Date of Request:				
Type of Trip:	Field Trip	Extracurricular	Athletic	International
designe	_	trips must be approve os must also be approve	• •	
Advisor:				
Date(s) of Trip:				
Destination:				
Number of Studen	nts:			
Number of Chape	erones:	(see Regula	ation #6153 – Cl	naperone guidelines)
		d for all chaperones that	are not Suffield	Public School
employees and ar	e chaperoning an		No	N/A
Has chaperone in chaperones?	formation, includi	ng applicable Board of E	ducation policy(	ies) been delivered to
1		Yes	No	
Cost of trip (inclumay be incurred):	•	garding payment of expe	•	ancial penalties that
Insurance Certific	cate Required: Y	es No	-	
Mode of Transpor	rtation:			

Explanation of Trip:		
Educational Purpose:		
Itinerary:		
Advisor's Signature:  Principal Signature:	Date: Date:	
Superintendent/Designee:ApproveDeny Superintendent/Designee Signature:		
Board of Education:ApproveDeny Board Chair Signature:	Date:	

## INTERNATIONAL FIELD TRIPS:

Upon approval, School Administration will send notification of Parent Letter and International Student Conduct Form to participants.