

FIELD TRIP DETAILS	
School Name	
Teacher(s)	
Grade Level	
# of Students Attending	
Chaperone(s)	
Brief Description of Trip	
Educational Rationale	
Date(s) of Trip	
Location	
Mode of Transportation	
Accommodations	
Estimated Cost Per Person	
Date of Caregiver Informational Meeting	
Planned Follow-up Activities (if applicable)	

N.B.: This trip meets all the requirements of the School Committee’s Field Trip and the Cambridge Public Schools Administrative Guidelines for Field Trips. It has been explained that all extraordinary costs, passports, and medical clearance is the responsibility of the student and the student’s caregiver/parent/guardian.

SIGNATURES	
Name of Teacher(s) – Coordinator of Trip	
CRLS Learning Community Administrator	
CRLS Curriculum Coordinator	
Principal	
Assistant Principal	
School Nurse	

Chief Operating Officer		<input type="checkbox"/> Approved
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IMPORTANT NOTES

This form must be submitted and approved two (2) months prior to Out-of-Country trips and one (1) month prior to Out-of-State trips.

Please attach copies of all appropriate documentation.

Conditional Approval for Field Trip(s):

This trip has been approved. Please note that approval for this field trip is conditional. Approval for the field trip may be revoked if a change in circumstances would warrant cancellation of this field trip in the interest of the safety of the students and staff of the Cambridge Public Schools. The City of Cambridge, Cambridge Public Schools, Cambridge School Committee, and their respective officers, directors, members, agents, and employees will not be responsible for any financial obligations incurred as a result of the planning of the field trip, or for any monies that are non-refundable or are otherwise lost due to the subsequent cancellation of the field trip.

FOR INTERNAL USE ONLY	
Date Received by Main Office	
Requisition Number(s)	