SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT FIELD TRIP REQUEST

Participating Group/School/Grade:	Date:
Person requesting trip:	Cell #:
Trip Date: Departu (For overnight trips, please submit the overnight)	re Time: Return Time:
Trip destination with COMPLETE itiner	rary. If contract signed, please attach to this form.
Number of Students:Standards Field Trip Addresses:	_ (Please attach list of students' names)
How is this field trip funded: □Organiza □ Fund raiser (please submit fund raiser form	ation/Club
How will you be traveling to your destin	ation: Bus Van Volunteer drivers ick. For volunteer drivers, please fill in the section below (attach
Name of Drivers:	CORI Driver Form
	CORI Driver Form
Other Chaperones	
	CORI
THE STATE, OR IF A DRI	
Please note: The School Committee retains the right and	l responsibility to cancel a field trip, if conditions such as safety and security warrant.
Events Coordinator:	Date:
	school nurse, building principal, and Superintendent if necessary for final approval.)
School Nurse:	
Building Principal:	
_	Date:
(required if trip is out of state or East of Springfield)	
Additional instructions for person requesting trip ☐ Please submit to district calendar ☐ For M	o: Mt. Everett, please notify staff via e-mail if students will be out of school.

ALL FORMS REQUIRED FOR A FIELD TRIP MUST BE RETURNED TO THE MAIN OFFICE AT LEAST ONE MONTH PRIOR TO TRIP. THANK YOU.