SMITHFIELD PUBLIC SCHOOLS
REQUEST FORM
FOR STUDENTS TO LEAVE SCHOOL PREMISES FOR
FIELD TRIPS AND SCHOOL-SPONSORED ACTIVITIES

Request must be sent to the Assistant Superintendent at least FOUR weeks on advance
of the trip.

Teacher(s) _____________________________________________ School __________ Grade _____
Date of Field Trip__________________ Departure Time_____________ Return Time_____________
Destination___________________________________________________________________________
Educational Purpose of Trip_____________________________________________________________
Number of Students_________ Number of Chaperones (including teachers) _________
If permission is granted, I shall need _________ release forms to be signed by parents.

Cost Worksheet

<table>
<thead>
<tr>
<th>COST</th>
<th>PAID BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Total cost charged to family (per student) $____________

Method of Transportation

☐ Walking

☐ Outside Bus Company Name_______________________ (Certificate of insurance must be
attached to this request. The Smithfield School Department must be named as an additional insured.)

☐ Durham Number of buses requested (excluding handicap accessible) ________
Number of handicap accessible buses requested ________
Total number of buses requested ________

If requesting a handicap accessible bus, please describe needs________________________________________
__________________________________________________________________________________________

Teacher’s Signature__________________________________________________________
Principal’s Signature______________________________________________________________

This request is    Approved ☐    Denied ☐    Date______________________

Assistant Superintendent’s Signature__________________________________________________________________
FIELD TRIP REQUEST GUIDELINES

- Please email Durham at cmitchell@durhamschoolservices.com to request a quote.

- Please provide to the bus company all of the information below when requesting a quote:

<table>
<thead>
<tr>
<th>School Name</th>
<th>Teacher(s) Name</th>
<th>Grade</th>
<th>Date of Trip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pick up time</td>
<td>Return time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Destinations</td>
<td>Total Number of Riders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of regular ed buses</td>
<td>Number of handicap accessible buses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explanation of handicap accessible needs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Please attach a copy of the Durham quote to the Field Trip Request Form and send to administration office through interoffice mail.

- Please do not book your field trip date with the venue before the field trip has been approved by both the school principal and the assistant superintendent.

- Please contact the superintendent’s office if there are any cancellations or changes to the field trip.