



OFFICE OF THE SUPERINTENDENT REQUEST FOR SCHOOL FIELD TRIP

Cneck one ☐ Overnight Request	Data(s) of Trips
Regular Day Trip—Middle & High Schools	Date(s) of Trip:
Regular Day Trip—Elementary	School:
Nurse Needed (If so, request must be submitted to appropriate person one month prior to the date of trip)	Teacher:
month phot to the date of tripy	Cell Phone:
Trip coordinator(s):	
Teacher/staff in charge/field trip leader (if different from abo	ove):
Destination:	
Educational objectives (if applicable):	
Number of students out of the building:	
Lunch arrangements:	
Lunch an angements.	
Emergency arrangements:	
Provisions for students to return home if return is after di	ismissal hours:
Source of funding:	
Source of funding (if nurse needed):	
Cost per student:	
Total cost of trip:	
1	





p: Names of Students Attending:

You may attach a separate sheet if more space is neede

ardian for his/her child to take trip must be filed at the
e. One copy of this request form must also be filed in the
e of the Superintendent. All trip requests MUST be ipal, BEFORE submitting them to the Superintendent's
ling forms must have the Principal's signature.
opy of this form to Food Services at Randolph High School.
of Teacher Requesting Trip (please print)
or reacher requesting mp (prease print)
ure of Teacher Requesting Trip
die of Teacher Requesting IIIp
ure of Teacher
ıre of School Cafeteria Manager
ire of School Careteria Manager





Confirmation of trip (continued)	
	Signature of Nurse
	Date
	Signature of Principal
	Date
	Approval Signature of Director, Coordinator or Supervisor
	Date

PLEASE ADHERE STRICTLY TO THE FOLLOWING SECTIONS

Form Submittal Timeline: Field trip forms must be submitted one month prior to the date of the trip.

If a nurse is needed on the trip, a request must be submitted/arrangements made one month prior to the date of the trip, with the appropriate person.

<u>Collecting Funds</u>: Funds must be collected three weeks prior to the date of the trip and be submitted to the Finance Department for proper allocation.

Note about Chaperones: Adequate male and female chaperones must be provided at a ratio of 1:8. Chaperones must be approved by the Principal and must have completed a criminal back- ground check.

<u>Evaluation</u>: A written evaluation of the trip must be filed in the Principal's Office within a reasonable time-frame following the educational trip.

Adapted 7.02.15 Revised 10.7.2022





FIELD TRIP LUNCH FORM

{Please submit this form to the kitchen staff ten (10) days BEFORE scheduled field trip}

Lunch Options:

Ham & Cheese

Turkey & Cheese

Names	of St	udents	for	Free	Lunch
ivallies	UI JL	uuents	IUI	1166	Luiicii

Student Name	Student ID #:	Free Lunch Option
1.		Ham & Cheese Turkey & Cheese
2.		Ham & Cheese Turkey & Cheese
3.		Ham & Cheese Turkey & Cheese
4.		Ham & Cheese Turkey & Cheese
5.		Ham & Cheese Turkey & Cheese
6.		Ham & Cheese Turkey & Cheese
7.		Ham & Cheese Turkey & Cheese
8.		Ham & Cheese Turkey & Cheese
9.		Ham & Cheese Turkey & Cheese
10.		Ham & Cheese Turkey & Cheese
Names of Students for Reduced L	unch:	
Name	Student ID #:	Reduced Lunch Option
	Student ID #:	Reduced Lunch Option Ham & Cheese Turkey & Cheese
Name	Student ID #:	
Name 1.	Student ID #:	Ham & Cheese Turkey & Cheese
Name 1. 2.	Student ID #:	Ham & Cheese Turkey & Cheese Ham & Cheese Turkey & Cheese
Name 1. 2. 3.	Student ID #:	Ham & Cheese Turkey & Cheese Ham & Cheese Turkey & Cheese Turkey & Cheese Turkey & Cheese
Name 1. 2. 3. 4.	Student ID #:	Ham & Cheese Turkey & Cheese Ham & Cheese Turkey & Cheese Ham & Cheese Turkey & Cheese Turkey & Cheese Turkey & Cheese
Name 1. 2. 3. 4. 5.	Student ID #:	Ham & Cheese Turkey & Cheese
Name 1. 2. 3. 4. 5. 6.	Student ID #:	Ham & Cheese Turkey & Cheese Turkey & Cheese
Name 1. 2. 3. 4. 5. 6.	Student ID #:	Ham & Cheese Turkey & Cheese Turkey & Cheese Turkey & Cheese
Name 1. 2. 3. 4. 5. 6. 7.	Student ID #:	Ham & Cheese Turkey & Cheese Turkey & Cheese Turkey & Cheese Turkey & Cheese





FIELD TRIP LUNCH FORM

<u>Lunch Options {continued}</u>: Ham & Cheese

Turkey & Cheese

Names	of	Stud	dents	Buy	ving	Lunc	h
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Name	Student ID #:	Lunch Option Being Bought	
Name	Student ID #:	Lunch Option Being Bought	
1.		Ham & Cheese	Turkey & Cheese
2.		Ham & Cheese	Turkey & Cheese
3.		Ham & Cheese	Turkey & Cheese
4.		Ham & Cheese	Turkey & Cheese
5.		Ham & Cheese	Turkey & Cheese
6.		Ham & Cheese	Turkey & Cheese
7.		Ham & Cheese	Turkey & Cheese
8.		Ham & Cheese	Turkey & Cheese
9.		Ham & Cheese	Turkey & Cheese
10.		Ham & Cheese	Turkey & Cheese

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Special Transportation Request

This form is to be used for all special transportation requests for buses from Randolph Public Schools and submitted to Trish O'Meara at omearat@randolph.k12.ma.us. Questions can be directed to Ms. O'Meara directly by email or by calling (339) 216.8872.

A)	REQUEST INFORMATION	Date: _		PO#:
Adı	ministrator:	Scho	ol/Department:	
Red	questing Transportation For (circle one)	• Field Trip	• Sports/Co-Curricular	 Special Services
Des	stination:			
Eve	ent Date(s):		_ Departure Time:	
Ret	turn Time:		_Number of Students:	
Gra	ide Level(s):			
Red	questor's Signature:		Principal's/Director's signa	ture:
в) (General Information			
All	trips should be scheduled at least 2 week	ks prior to the e	vent date.	
All ·	field, Athletic, and special Services trips r	equire that a st	aff member be on board	who is responsible for the
stu	dents' safety and discipline refer to scho	ol policy for stu	ident to staff ratio	
Tot	al cost of trip			
Tra	nsportation Vendor # 103693			
c) 9	Special Services Required			
Are	e Special accommodations (circle one)?	Yes No		
If y	es please explain			
Tra	nsportation Frequency (circle all applicat	ole M T W	TH F S SUN ONLY	DAY ONLY
D)	Request Confirmation			
Bus	s Transportation has been scheduled as r	equested. In ar	event of a cancellation pl	ease notify Trish O'Meara
(Ac	ting Coordinator) at 339-216-8872. In the	event of a last	-minute cancellation pleas	e notify the assigned driver.
Dri	ver assigned:			
	ver's contact info:			
	nfirmation date:			
Tra	nsportation Coordinator's Signature:			