

RSU 26

FIELD TRIP PROCEDURES

RSU 26 Field Trip Faculty Planning and Approval Form

WHO, WHAT, WHERE & WHEN

DATE OF REQUEST	DATE OF FIELD TRIP		
SCHOOL	ASA	OMS	OHS
FACULTY CONTACT NAME		CELL PHONE NUMBER	
SECOND CONTACT NAME		CELL PHONE NUMBER	
GRADE LEVEL/CLASS ATTENDING			
DESCRIPTION OF ACTIVITY			
.....			
.....			

ANTICIPATED NUMBER OF STUDENTS & ADULTS ATTENDING

ADDITIONAL CHAPERONES - STAFF & VOLUNTEERS

.....
.....
.....

MEDICATION ADMINISTRATION REQUIREMENTS

ARE THERE STUDENT(S) THAT REQUIRE MEDICATIONS DURING THE FIELD TRIP?	YES	NO
IF YES, WHO WILL ADMINISTER THE MEDS?	FACULTY MEMBER	SCHOOL NURSE REQUIRED
IS EDUCATIONAL TECHNICIAN SUPPORT REQUIRED IN STUDENT(S) BEHAVIOR PLANS?	YES	NO
IF YES, WHO IS/ARE THE STUDENT(S) REQUIRING THEIR SERVICES?		.....
.....	
.....	

FIELD TRIP PROCEDURES

ASSOCIATED FEES

Is there a fee included for this trip? Did you budget for it? If not, have you discussed with your building principal how to pay the cost? Is there an additional cost for students to attend?

.....

.....

.....

TRANSPORTATION

TRANSPORTATION TO
 (INCLUDE ADDRESS)

HOW MANY BUSES ARE REQUIRED?

WHEELCHAIR ACCESSIBLE TRANSPORTATION NEEDED? YES NO

LEAVE SCHOOL AT ARRIVE AT DESTINATION

LEAVE DESTINATION AT ARRIVE BACK AT SCHOOL

OFFICE USE ONLY REQUIRED FOR ALL TRIPS

BUILDING PRINCIPAL SIGNATURE DATE

SCHOOL NURSE SIGNATURE DATE

SPECIAL EDUCATION REPRESENTATIVE DATE

*IF NOT OUT OF STATE, RETURN FORM TO SCHOOL OFFICE.
 IF OUT OF STATE, SEND TO SUPERINTENDENT'S OFFICE FOR APPROVAL.*

SUPERINTENDENT SIGNATURE DATE

REQUIRED FOR OUT OF STATE TRAVEL

**RSU 26 SCHOOL BOARD MEETING APPROVAL FOR OUT-OF-COUNTRY* DATE

RSU 26

FIELD TRIP PROCEDURES

RSU 26 Field Trip PARENT/GUARDIAN(S) PERMISSION SLIP

TODAY'S DATE	.....	CLASS/GROUP ATTENDING	.....
TEACHER(S)	.....	POSITION(S)	.....
DATE(S) OF TRIP	.....	DESTINATION	.....

**FIELD TRIP DETAILS
(INCLUDE THE REASON FOR TRIP, DEPARTURE & RETURN TIMES, ADDITIONAL FIELD TRIP COSTS, ETC.)**

.....
.....
.....
.....

****PLEASE RETURN TO THE TEACHER BY
THE FOLLOWING DATE**

.....

STUDENT NAME (PLEASE PRINT)	GRADE
--	-------	--------------	-------

PARENT/GUARDIAN(S)	.....	.....
	NAME	PHONE NUMBER

EMERGENCY CONTACT	.....	.....
	NAME	PHONE NUMBER

.....
RELATIONSHIP TO STUDENT

RSU 26

FIELD TRIP PROCEDURES

LUNCH

_____ Will bring a bag lunch from home

_____ Get a bag lunch from school

MEDICAL/HEALTH INFORMATION

RELEVANT ALLERGY OR MEDICAL INFORMATION

.....
.....
.....

MEDICAL ALERTS

.....
.....
.....

DRUG ALLERGIES & SENSITIVITIES

.....
.....
.....

** Please note students will be required to utilize school transportation to and from the Field Trip. Students will not be allowed to be transported by parent/guardian and/or other personal transportation methods unless prearranged and approved by administration.

I give permission for my student _____ to attend the field trip. I authorize necessary professional treatment in an emergency situation when the above people cannot be reached.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Orono Red Riots School Lunch Request Form 2018-2019

Date Submitted: _____

Please submit this form to the Director of Food Services at least ONE week in advance to your event

207-866-7110 ext 103

bjacobson@rsu26.org

Contact Person: _____

Grade: _____

School: _____

Date Needed: _____

Time to be PICKED UP from cafeteria: _____

TOTAL CHILDREN attending field trip: _____

TOTAL LUNCHES requested: _____

Please provide the director with a roster of the full name of every student needing a LUNCH. All lunches provided meet the requirements for the National School lunch program and will be debited to the students accounts as is warranted.

Questions/notes

Teacher Signature: _____