

New Milford Public Schools
New Milford, New Jersey
Field Trip Application Form

Date of Application _____

Name of Orginzation /Group: _____

Name of Teacher (s): _____

Destination: _____
(Attatich Directions)

Date & Hours of Trip _____

Departure Time: _____

Return TIme: _____

Special Consideration: _____

Educational Justification for Field Trip: _____

Cost Per Pupil: _____

Number of Chaperones: _____

To Teachers:

- a. Signed permission slips from parent/ guradian must be completed for each student.
- b. Only one teacher to this form.
- c. Please provide directions for bus driver in advance

Teacher Signature: _____

School: _____

Department Chairperson: _____

Date: _____

Vice Principal: _____

Date: _____

Principal Signature: _____

Date: _____

Business Office Use:

Bus Available: Yes _____ No _____ # of Busses Needed _____ Date: _____

Overtime Involved: Yes _____ No _____ If yes estimated amount: _____

(Note:if ovetime involved, trip must be approved by Superintendent of Schools)

Trip Schedueled: Yes _____ No _____

Authorized Signature: _____

Date: _____

**NEW MILFORD HIGH SCHOOL
NEW MILFORD, NEW JERSEY**

I hereby grant permission for my son/daughter, _____ .
to attend an educational trip to _____ .
on _____ under the direction and guidance
of New Milford High School. The student will travel by _____
Departure time is set of _____ . Return to the High School will be _____
A charge of _____ will cover the expense of the trip. _____

It is understood by the undersigned that the school authorities and teachers are absolved from any liability for accidents which might occur on the way to and from, or at the place of destination, and the student must return in the company of the Advisor.

Your signature indicates: (1) approval, and (2) concurrence.

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____