



# FIELD TRIPS, EXCURSIONS AND OTHER STUDENT TRIPS

Students are to submit permission slips signed by parent(s)/guardian(s) prior to going on the scheduled trip and must be appropriately dressed. A teacher(s) and/or other qualified individual(s) must accompany every group.  
**NOTE: A detailed itinerary is to be submitted with this form.** Including a breakdown of total anticipated costs; showing itemized expenses (transportation, ticket prices, etc.) and method(s) of payment.

Teacher(s) Making Request: Hollianne Sprawl Grade Level: 9-12 Request Date: 9/23/24

Date(s) of Proposed Trip: Jan 7-8, 2025 Event Name: DECA District Competition

Phone number(s) for 24 hour contact in case of EMERGENCY: \_\_\_\_\_ Destination: Quincy Marriott

774-240-3421 (Hollianne) 508-759-4750 (Jess) Address: 1000 Marriott Dr. Quincy MA 02169

**NOTE: If this is an OVERNIGHT or OUT-OF-STATE field trip, has the Plymouth School Committee approved it within the last 3 years?** YES  NO

If YES, indicate the date of School Committee approval: Fall 2021

**IF THERE IS A CONTRACT INVOLVED WITH THE TRIP, IT MUST BE REVIEWED BY THE BUSINESS ADMINISTRATOR.**

Relevance of the "proposed" field trip - *(Please attach a detailed response to the following 3 questions):*

- 1.0 How does this proposed field trip focus on helping students acquire the knowledge and skills described in the Common Core of Learning established by the Board of Education?
- 2.0 How the proposed field trip is integrated into the curriculum, or are content materials reflective of one of the core subject areas as described in the Common Core of Learning established by the Board of Education?
- 3.0 How does the proposed field trip have learning outcomes consistent with the knowledge and skills described in the Common Core of Learning established by the Board of Education?

Education Follow-Up by ALL Students: Review trip and workshops

Provisions for Students NOT Participating: N/A

Number of students NOT participating:  Number of students who are participating:  Do any students require medication?\* YES  NO

\*If any student requires medication, state the provisions for attending to their medical needs: WORK WITH NURSE'S OFFICE

Cost/Student:  Cost/Teacher:  Cost/Chaperone:  District Cost:

Type of Transportation: BUS Adult/Chaperone: Hollianne Sprawl / Jessica Burns

Departure Time/Place: 8:00am from PNHS Return Date/Time: 12:30 pm

**RECOMMENDATIONS:**

Dept. Head: <u>[Signature]</u>	Approved <input checked="" type="checkbox"/>	Disapproved <input type="checkbox"/>	Date: <u>9/30/24</u>
Principal: <u>[Signature]</u>	Approved <input checked="" type="checkbox"/>	Disapproved <input type="checkbox"/>	Date: <u>9/30/24</u>
Business Administrator: <u>[Signature]</u>	Contract - YES <input type="checkbox"/>	Contract - NO <input type="checkbox"/>	Date: _____
Superintendent: <u>[Signature]</u>	Approved <input checked="" type="checkbox"/>	Disapproved <input type="checkbox"/>	Date: _____

**If there is not contract required, you MUST write "NO CONTRACT" in place of signature.**

COMMENTS: \_\_\_\_\_