



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: Yvonne O'Keefe / Shauna King Grade Level: 10-12 Request Date: 9/23/2024
Date(s) of Proposed Trip: 2/27/25 - 3/1/25 Event Name: Massachusetts DECA Career Development Conference
Phone number(s) for 24 hour contact in case of EMERGENCY: _____ Destination: Seaport - BCEC, 415 Summer St.
Address: Boston, MA 02210

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: 11/15/21

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: Students will complete follow-up of their experience, where they will evaluate their own prep and what results could have looked like had they done things differently.

Provisions for Students NOT Participating: Students will remain with a department teacher or substitute and continue to work on lessons/projects currently in progress.

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: TBD after submitting students to School Nurse

Cost/Student: Approx. TBD \$350 Cost/Teacher: Approx. TBD \$850 Cost/Chaperone: Approx. TBD \$850 District Cost:

Type of Transportation: Bus Adult/Chaperone: _____

Departure Time/Place: 2/27 TBD Time from PSHS Return Date/Time: 3/1/25 1:30 PM

RECOMMENDATIONS:

Dept. Head: [Signature] Approved Disapproved Date: 9/30/24

Principal: _____ Approved Disapproved Date: 9/30/24

Business Administrator: _____ Contract - YES Contract - NO Date: 9/30/24

Superintendent: [Signature] Approved Disapproved Date: 9/30/24

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

COMMENTS: