## Office of the SUPERINTENDENT OF SCHOOLS Malden, MA 02148

## **NOTIFICATION OF FIELD TRIPS**

## Notification must be received at least two weeks prior to date of field trip

School:			
Field Trip to:			
Date:	Departure Tim	e:	_ Return Time:
Grade:	No. of Teache	rs:	_No. of Pupils:
Names of Parents/Guardians:			
Names of Teachers:			
Transportation to be provided by:			
Are permission slips on file in your office?			
Has the Food Service Office been notified? _			
Goal(s) of the Field Trip:			
Curriculum Area:			
Educational Objectives:			
			Principal's Signature
Approval:			
Date:			