

REQUEST FOR FIELD TRIP - OVERNIGHT

Lead Teacher _____ Date of Application _____

Lead Teacher Cell Phone No. _____ Date of Trip _____

Grade Level/Class _____ Building _____

Number of Special Needs Students Attending _____ Total # of Students Attending _____

Total # of Chaperones _____ Number of Teaching Assistants/Aides Required _____

Destination (include name and address):

Time Schedule:

Departure from School _____
Return to School _____

Purpose of Trip and Curriculum Connection: _____

Specific provisions for entering the building if the time for departure and/or return does not coincide with regular school hours: _____

Please list all chaperones, their position and indicate if a sub is required and if chaperone pay is required:

Name	Position	Sub Required (Yes or No)	Chaperone Pay Required (Yes or No)

Please list all students requiring administration of medication(s) during the trip and the type(s) of medication:

Student	Medication	Frequency of administration

Please list any **applicable** expenses: (*For school-related and approved competitions, please see below before completing this section.)

	REQUESTED	APPROVED
Participation/Registration Fee:	_____	_____
Hotel –		
Number of Rooms ____ X ____ rate:	_____	_____
Transportation –		
Number of buses ____ X ____ rate:	_____	_____
Meals –		
Number of meals ____ X ____ rate:	_____	_____
Chaperone fee –		
Number of chaperones ____ X ____ rate:	_____	_____
TOTAL	_____	_____

Budget Code: _____

*Costs associated with school-related and approved competitions are subject to reimbursement as outlined in Board of Education Policy No. 8460 which reads in part: “It is the Board of Education’s policy to support all Ardsley students in school-related and approved competitions. The District will provide funding for registration/participation fees. In addition, the District will provide up to \$150 per student for otherwise non-reimbursed costs.”

If applicable, did you check with transportation about: **(The trip will not be approved without this information.)**

- Conduct a driver certification and background check: _____
- Check Bus Insurance: _____

NOTE: The lead teacher of this field trip will be personally accountable for strict adherence to policies pertaining to field trips.

SIGNED _____
Lead Teacher
Date Filed with Building Principal

APPROVED _____
Building Principal
Date

APPROVED _____
Superintendent or Designee
Date

1. This request must be submitted to the building principal at least one (1) month in advance of the date requested for the trip.
2. List the names of students on a second sheet.
3. Note all overnight field trip requests must be accompanied by a complete daily itinerary which must include, at the minimum, location of overnight accommodations, phone contact numbers of those accommodations.
4. All overnight, out-of-state and out-of-country trips must include, in notice to parents, a statement that the Board reserves the right to cancel the trip if in the judgment of the Board the trip would endanger students and/or staff and that any liability incurred by such cancellation would be borne by the participants and not by the Board. The purchase of trip cancellation insurance is to be encouraged.