NORTH EAST SCHOOL DISTRICT - STUDEN	T/GROUP FIELD TI	RIP REQUEST (BOARD PO	LICY 121)	Field Trip	#
STAFF		DATE			
MEMBER(S):		REQUESTED:		TUDENTS:	
SCHOOL: GROUP:		DATE OF ACTIVITY:	Depar	ture TIME:	Est. Return TIME:
DESTINATION: ADDRE	SS	СІТҮ		ST	ZIP
PURPOSE OF TRIP:					
CHAPERONES (Clearances required) Please List:					
EXPENSES: Transportation Dept. Ext. 4288		PAID BY CLUBS, FUNDRAISERS, &/OR PARTICIPANTS *		CE OF FUNDS DISTRICT	PAID BY DISTRICT
School Vehicle: # Bus(es)	# Van(s)	\$			\$
Personal Vehicle (Only if school vehicle is unavailable) Round trip shortest distance from school district	# Miles @ 67				
Other Mode (i.e., plane)	# Miles @ 67	c ș ș			\$
Substitute(s) # X Days	@ \$150 Per day	\$			\$
	X \$	\$			\$
	x \$	\$			\$
Lodging # Nights x # Adults X	\$	\$			\$
Hotel Information:					
Meals (State competition only) # Meals	5 X \$ E	Each \$			\$
Miscellaneous		\$			\$
Requisition/PO #	TOTALS	5 \$			\$
	IMPORTANT GU	JIDELINES TO NOTE:			
 It is the employee's responsibility to submit All trips must be submitted for approval a m All trips of 100+ miles from the district OR \$2 If registration or admission fee is applicable, If requesting a Cash Advance, the appropriat School district personnel are strongly discouthe board of directors or superintendent of stransportation is unavailable and traffic or w Receipts for appropriate incurred expenses a completing a Reimbursement Request (pink) Student meals: Breakfast \$7.00, Lunch \$8.50 	inimum of three (3) 1,000+ total cost (reg Registration Reques te Cash Advance (blu raged from providing schools. Personal vel valking conditions co may be submitted to) form. Please submit	weeks in advance except in gardless of district cost) mu it (green) form must be attached. g transportation to student nicles may be used for stude nstitute a hazard to the safe the Business Office for rein t original receipts.	n emergency s st be formally inched. s in personal w ent transporta ety of the stud nbursement a	ituations. approved by vehicles unles ation only if d dents. fter the trip h	the school board. s authorized by istrict or parental has taken place by
					, ·
Principal/Supv Signature/Approval		Bus Mgr Signature/A	pproval		
Superintendent Signature/Approval		FINAL SUPT/BOA			
UPON TRIP COMPLETION PLEASE SUMMARIZE					
SUMMARY REPORT (to be completed aft	ter the trip) - Summa	rize the reactions of students a	and the instruct	tional benefits	experienced
Teacher Submitting Signature:		Date:			
Reviewed By Building Principal:		Superintendent's Si	ignaturo:		
AP121 Form Updated Sept. 2023		Superintenuent S S	เธกลเนาย.		

NOTE: Must be completed for each student participating in a field trip requiring an overnight stay or outside a one-hundred-mile radius of the North East School District.

STUDENT/GROUP FIELD TRIP REQUEST MEDICAL RELEASE FORM

I/We,	and	,
the parent(s) and/or guardian(s) of		, a minor, have entrusted such minor
to the care of		_ , an adult, for the purpose of taking part in a
North East District field trip		
То	from	to

In connection therewith, we authorize the above-referenced adult to consent to any ambulance or other emergency vehicle transportation, x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to the above-referenced minor under the general and special supervision, and on the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act of 1985, 63 P.S. SS422.1 et seq., or if in another state or country, the law governing the practice of medicine.

Name of Medical Insurance Company:

If the parent(s) or guardian(s) cannot be reached in an emergency, the person to be contacted is:

The following information is important in regard to the above-referenced consent:

1. Allergies:

Medications:

Policy Number:

Medical Problems:

2.

3.

4.

5.

Name:

Address: _ Telephone Number:

ITINERARY FOR STUDENT GROUP FIELD TRIP

Names and Phone Numbers of Students on	Trip:	
Students		
l	9.	
2	10	
3	11	
l	12.	
5	13.	
ó	14.	
7	15.	
3	16.	
ontinue on a separate sheet of paper if r		
Continue on a separate sheet of paper if r Date and Time of Departure from North	ecessary and attach to this form.	
Continue on a separate sheet of paper if r Date and Time of Departure from North East: Destination and Estimated time of Arriv Planned Route of Travel to Destination:	ecessary and attach to this form.	
Continue on a separate sheet of paper if r Date and Time of Departure from North East: Destination and Estimated time of Arriv Planned Route of Travel to Destination: Brief Description) Date and Estimated Time of Departure	ecessary and attach to this form.	

Telephone Number

Parent or Guardian

Date

Parent or Guardian

NOTE: Please make an individual copy of this form for each student to complete.

NOTE: Must be completed for trips requiring an overnight stay or outside a one-hundred-mile radius of the North East School District.