**NORTH EAST SCHOOL DISTRICT - STUDENT/GROUP FIELD TRIP REQUEST** (BOARD POLICY 121) | Field Trip #

| | | | |
|---|---|---|---|
| **STAFF MEMBER(S):** | **DATE REQUESTED:** | **# OF STUDENTS:** | |
| **SCHOOL:** **GROUP:** | **DATE OF ACTIVITY:** | **Departure TIME:** | **Est. Return TIME:** |

**DESTINATION:** **ADDRESS** **CITY** **ST** **ZIP**

**PURPOSE OF TRIP:**

**CHAPERONES** (Clearances required) **Please List**:

| **EXPENSES:** Transportation Dept. Ext. 4288 | | | | | **PAID BY CLUBS, FUNDRAISERS, &/OR PARTICIPANTS *** | ***LIST SOURCE OF FUNDS IF NOT 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 | @ 62.5¢ | | | $ | | |
| Other Mode *(i.e., plane)* | | | | | $ | | $ |
| **Substitute(s)** | # | X | Days | @ $125 Per day | $ | | $ |
| **Admission:** | ☐ Form Attached | # | X | $ | $ | | $ |
| **Registration:** | ☐ Form Attached | # | X | $ | $ | | $ |
| **Lodging** | # Nights | x | # Adults | X $ | $ | | $ |
| Hotel Information: | | | | | | | |
| Meals (State competition only) | # Meals | X | $ | Each | $ | | $ |
| Miscellaneous | | | | | $ | | $ |
| Requisition/PO # | | | **TOTALS** | | $ | | $ |

**IMPORTANT GUIDELINES TO NOTE:**

- It is the **employee's responsibility** to submit original trip requests to the building secretary to begin the approval process.
- All trips must be submitted for approval a minimum of **three (3) weeks in advance** except in emergency situations.
- All trips of 100+ miles from the district OR $1,000+ total cost (regardless of district cost) must be formally approved by the school board.
- If registration or admission fee is applicable, Registration Request (green) form must be attached.
- If requesting a Cash Advance, the appropriate Cash Advance (blue) form must be attached.
- School district personnel are strongly discouraged from providing transportation to students in personal vehicles unless authorized by the board of directors or superintendent of schools. Personal vehicles may be used for student transportation only if district or parental transportation is unavailable and traffic or walking conditions constitute a hazard to the safety of the students.
- Receipts for appropriate incurred expenses may be submitted to the Business Office for reimbursement after the trip has taken place by completing a Reimbursement Request (pink) form. Please submit original receipts.

Student meals: Breakfast $6.50, Lunch $8, Dinner $14.50 (states only). Staff meals: Daily limit $39.00; First and last day limit $29.25.

**Principal/Supv Signature/Approval** _____ **Bus Mgr Signature/Approval** _____

**Superintendent Signature/Approval** _____ **FINAL SUPT/BOARD APPROVAL DATE:** _____

**UPON TRIP COMPLETION PLEASE SUMMARIZE, OBTAIN PRINCIPAL'S APPROVAL & RETURN THIS FORM TO THE SUPERINTENDENTS OFFICE**

| **SUMMARY REPORT (to be completed after the trip) -** Summarize the reactions of students and the instructional benefits experienced |
|---|
| |
| |
| |
| |
| |
| |
| Teacher Submitting Signature: Date: |
| Reviewed By Building Principal: Superintendent's Signature: |

**AP121 Form Updated October 2022**

**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 _____

To _____ 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.

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

1. Allergies: _____
2. Medications: _____
3. Name of Medical Insurance Company: _____
4. Policy Number: _____
5. Medical Problems: _____

_____

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

Name: _____

Address: _____

Telephone Number: _____

_____ _____
Parent or Guardian Parent or Guardian

_____ _____
Telephone Number Date

**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.**

## ITINERARY FOR STUDENT GROUP FIELD TRIP

**Name of Activity:** _____

**Coach or Advisor:** _____

Names and Phone Numbers of Students on Trip:

**Students**

| | | | |
|---|---|---|---|
| **1.** | | **9.** | |
| **2.** | | **10.** | |
| **3.** | | **11.** | |
| **4.** | | **12.** | |
| **5.** | | **13.** | |
| **6.** | | **14.** | |
| **7.** | | **15.** | |
| **8.** | | **16.** | |

**Continue on a separate sheet of paper if necessary and attach to this form.**

**Date and Time of Departure from North East:** _____

**Destination and Estimated time of Arrival:** _____

**Planned Route of Travel to Destination: (Brief Description)** _____

_____

**Date and Estimated Time of Departure for Return to North East:** _____

**Estimated Time of Arrival in North East:** _____

**Planned Route of Travel for Return to North East:**

_____