



Township Public Schools

OVERNIGHT FIELD TRIP/BUS REQUEST FORM

(For Central Office Use ONLY)
Agenda #
Board Approval
Date:

\*Must be received in office of Assistant Superintendent (90) Ninety Days Prior to the Trip with required attachments:

\*Indemnification/Insurance/Itinerary required
Please refer to separate Check list for other required items.

DATE OF APPLICATION SCHOOL DATE OF TRIP

DESTINATION COST PER STUDENT

GRADE(S) # STUDENTS # TEACHERS/CHAPERONES

DEPARTURE: Time/Place RETURN: Time/Place

TEACHER(S) MAKING REQUEST/IN CHARGE (Full Name/s)

PROGRAM: REGULAR CURRICULUM OTHER

WHAT PREPARATION WILL BE DONE IN CLASS FOR THE TRIP?

HOW WILL TRIP BE EVALUATED IN CLASS?

BRIEFLY DESCRIBE EDUCATIONAL PURPOSE OF TRIP AND HOW IT ENHANCES CURRICULUM:

WHAT ARRANGEMENTS ARE NECESSARY FOR COVERING TEACHER SCHEDULES?

\* WAS NURSE NOTIFIED? Yes No WAS A LIST OF STUDENT'S NAMES GIVEN TO NURSE? Yes No

AFTER TRIP APPROVAL HAS BEEN RECEIVED, TEACHER IN CHARGE WILL SECURE STUDENT PERMISSION SLIPS SIGNED BY THE PARENT/GUARDIAN PRIOR TO DEPARTURE AND FILE SAME UNTIL TRIP IS COMPLETED.

WHO IS RESPONSIBLE FOR COST? Board of Education Other

\*THE FOLLOWING DOCUMENTS MUST BE ATTACHED (Please check the appropriate box)

- Contract with Bus Company if Wayne Buses are not being used / Indemnification / Insurance
Contract with Hotel / Indemnification / Insurance
Contract with Any Other Vendor / Indemnification / Insurance
Itinerary / Program

\*\* USING THE WAYNE SCHOOL BUS \*\*

APPROVED BY: \* SCHOOL NURSE DATE

PRINCIPAL DATE

DIRECTOR DATE

SUPERINTENDENT / ASSIST. SUPT. DATE

\*\* TRANSPORTATION SUPERVISOR DATE

For Transportation Department use ONLY:

# OF PASSENGERS # SCHOOL BUSES # VANS OTHER

TYPE OF VEHICLE(S): WAYNE SCHOOL BUSES OUTSIDE CONTRACTED

NAME OF CONTRACTOR APPROX. COST

A/C CHARGE: Elementary Secondary Special Ed EOP/ENVIRON. ED OTHER A/C #

CHARGE TO: ACCOUNT # OTHER:

\* NOTE: MAKE A COPY BEFORE SUBMITTING FOR APPROPRIATE SIGNATURES.....(central office sends trans 2 cc)