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**Baldwinsville Central School District
Baldwinsville, New York**

**School Year
2019/ 2020**

REQUEST FOR TRIP APPROVAL

**PLEASE REFER TO THE B.C.S.D. POLICY 8460 STUDENT TRAVEL
(FIELD TRIPS, EXTRACURRICULAR, INTERSCHOLASTIC) AND
8460R (REGULATIONS) WHEN PLANNING A TRIP.**

Click here to view the [Policy](#) and [Regulation](#). Click here for a [Quick Reference](#) in filling out requests.

Name of Event:

Name of Group:Building<

Location of Event (Venue, City, State):

Date(s) of Event:(m/d/yyyy)

Departure Date/Time:(m/d/yyyy hh:mm AM/PM) **Return Date/Time:**(m/d/yyyy hh:mm AM/PM)

Number of school days missed**Number of Students**

Instructional Objectives & Correlation with Curriculum (Be specific)

Number of Chaperones (1 per 10 students)

CHAPERONES NAMES:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Provisions made to help students keep up with missed class work:

..

Provisions made for emergency return of students from site of activity:

TRAVEL:

Travel Arrangements:

LODGING:

Site:

Number of Students per room:

Phone Number of Motel/Hotel:

Emergency (cell phone number):

*****Contact Person:

YES**NO**

Emergency phone “tree” set up prior to trip to contact Parent(s)/Guardian(s) in an emergency.

RESPONSIBILITY OF EXPENSES:	Total Cost of Trip (All Participants)	RESPONSIBILITY		
		District Cost (All Participants)	Booster Cost (All Participants)	Student Cost (All Participants)
Transportation				
Food				
Lodging				
Fees/Tickets/Misc				
TOTAL EXPENSE				

If applicable ...

INDIVIDUAL STUDENT EXPENSES:	Total Cost of Trip (Per Student)	RESPONSIBILITY			
		Transportation (Per Student)	Food (Per Student)	Lodging (Per Student)	Fees/Tickets/Misc. (Per Student)
TOTAL EXPENSE					

Meals Explain how meals will be provided:**Funding:** Explain how this trip will be funded:**Itinerary:** List here or attach a separate sheet:**Medication:** Describe the procedures to be used to ensure administration of medication to students who require them:

Person responsible for contents of this application/Date:

Approved _____ F gplgf "*****"Principal /Date_____aaaaaa_____aaaaaaaa_____

Crr tqxgf "*****"F gplgf "*****" F gr wlf "Uwr gtlpvgpf gpvDate_____aaaaaaaa_____

"

Date Submitted for Board of Education Approval_____ "

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