Baldwinsville Central School District School Year Baldwinsville, NY 13027

School Year

REQUEST FOR FIELD 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 to fill out a request.

| Number of Students | S Number of school days missed | | | | | | | | | | |
|---|--------------------------------|----------------------|--|--|--|--|--|--|--|--|--|
| Name of Group: | | Building: | | | | | | | | | |
| Name of Event: | | | | | | | | | | | |
| Location of Event (Venue, City and State): | | | | | | | | | | | |
| | (Street Address) | | (City, State and Zip) | | | | | | | | |
| Date(s) of Event: | Departure Date: | Return D | Return Date: | | | | | | | | |
| | Departure Time: | Return T | ı Time: | | | | | | | | |
| Instructional Objectives and Correlation with Curriculum (be specific) | | | | | | | | | | | |
| | | | · | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Names of Chaperones: | | | · | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| What provisions have been made to help students keep up with missed class work: | | | | | | | | | | | |
| What provisions have been made for emergency return of students from site of activity: | | | | | | | | | | | |
| TRAVEL DETAILS | | | | | | | | | | | |
| Transportation Arrangen | nents: | | | | | | | | | | |
| Lodging Information: | (Name of Hotel/Motel) | Phone Number of Site | Emergency Phone (contact name/cell number) | | | | | | | | |
| Number of students assigned per room: | | | | | | | | | | | |
| Has an emergency phone "tree" been set up prior to trip to contact Parent(s)/Guardian(s) Yes No | | | | | | | | | | | |

Describe the procedures to be used to ensure the administration of medication to students who require them:

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| Explain how <u>meals</u> will be provided for the students: | | | | | | | | | | | | |
|--|-----------------------------|------------------|---------------------|-------------------|---------------|--------------------------|------------|--------------------|------|--|--|--|
| Explain how this trip will be <u>funded</u> : | | | | | | | | | | | | |
| List here or attach a separate sheet to explain the event <u>itinerary</u> : | | | | | | | | | | | | |
| Transportation Costs as computed by Transportation Supervisor through the Transportation Request Form: | | | | | | | | | | | | |
| Estimated Mileage – Round Trip | | | miles x \$ 2.90 (A) | | (A) Subto | A) Subtotal (A+B+C) | | (D) | | | | |
| l | Labor Cost | for Driver | | hours x \$35.00 | | | | ises (E) | | | | |
| l | Labor Cost | for Attendant if | needed | hours x \$24.00 | | (C) Estima | ated Total | (DxE) | (F) | | | |
| | | | | | | | | | | | | |
| | | | Expense | es Detail 8 | & Respo | nsibilitie | S | | | | | |
| | Expens | e Category | | Expense Responsib | | bility by Group | | Total Trip (| Cost | | | |
| | | | District Cost | Booste | r Club | Student Co | ost | (all participants) | | | | |
| | Transportation | | | | | | | | | | | |
| | Food | | | | | | | | | | | |
| | Lodging | | | | | | | | | | | |
| | Fees/T | ickets/Misc | | | | | | | | | | |
| | TOTAL | EXPENSES | | | | | | | | | | |
| Student Expense Responsibility (if applicable): | | | | | | | | | | | | |
| | | | | 1 | Detail for St | | | | | | | |
| | Transportation | | on Food | Lodging | Fees | ees/Tickets/Misc Total (| | st of Trip | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Group Leader responsible for contents of this application: | | | | | | | | | | | | |
| 5 | | . 1 | | | | | | | | | | |
| Principal | I Approv | aı: | | (signature/date) | | | | | | | | |
| | | | | (signature/date) | | | | | | | | |
| Assistant Superintendent of Curriculum, Instruction & Assessment Approval: | | | | | | | | | | | | |
| | | | | | | | | (Signature) a | ute, | | | |
| | Date of First BOE Reading: | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Date of Second BOE Reading: | | | | | | | | | | | |

First Draft 8/19/2022 Filename: Field Trip Fillable 20220901 rev. 20240124

Date of Board of Education Approval: ___