

SOLVAY UNION FREE SCHOOL DISTRICT - OVERNIGHT FIELD TRIP APPROVAL FORM

Proposed Activity (Rationale):

Date of Request Submission: _____ School: _____

Dates of the Trip: _____

Name of Staff Member/Position Making the Request: _____

Organization Making the Request: _____

Number of Students Involved in this Activity: _____ Cost Per Student: _____

Funding Source: _____

Signature of Staff Member Making the Request: _____

Contact Information for Staff Member

Mailing Address: _____

Phone Number(s): work: _____ home: _____ cell: _____

Email address: _____

Names of Adult Supervisors *A ratio of 1 adult for every 8 students is required. Place an asterisk (*) by the name(s) of any chaperone who is not a District employee.*

<u>Name</u>	<u>Sub</u>	<u>Name</u>	<u>Sub</u>
1. _____	<input type="checkbox"/>	4. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	5. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	6. _____	<input type="checkbox"/>

Alternate(s)*

1. _____	3. _____
2. _____	4. _____

***Contact the principal if a chaperone change is required.**

Travel Information

All Means of Transportation (check all that apply):

- Rental Vehicle(s)
- Air
- Bus(es)
- Amtrak or Other Rail Transit
- Watercraft

(School approval of this form signifies that proper car insurance documents are on file with the school.)

ITINERARY

Departure

Date: _____ Time: _____

Departure Location:

Return

Date: _____ Time: _____

Departure Location:

Please include a complete itinerary of the trip including a breakdown of activities by hours, housing arrangement(s) including phone number(s) and address(es), mode of transportation, and an explanation of the education purpose(s) of this trip must be included with this request.

Principal's Signature
(Approval of Activity)

Superintendent's/Designee Signature

Board Approval Date

Lodging Arrangements (required for all overnight trips)

Date(s): _____ to _____ Town: _____

Business Name of Travel Agent: _____

Business Name of Lodging: _____

Business Name of Security: _____

Street Address: _____

Phone Number: _____

Date(s): _____ to _____ Town: _____

Business Name of Travel Agent: _____

Business Name of Lodging: _____

Business Name of Security: _____

Street Address: _____

Phone Number: _____

Date(s): _____ to _____ Town: _____

Business Name of Travel Agent: _____

Business Name of Lodging: _____

Business Name of Security: _____

Street Address: _____

Phone Number: _____

Date(s): _____ to _____ Town: _____

Business Name of Travel Agent: _____

Business Name of Lodging: _____

Business Name of Security: _____

Street Address: _____

Phone Number: _____