

Overnight locations(s) _____

Insurance in the amount of \$_____ liability, \$_____ medical, and \$_____ trip
cancellation is in force for each student, as required by District policy.

Insurance Firm _____

Tentative Itinerary: A copy is attached. Yes _____ No _____

Final itinerary must be filled with the principal prior to departure.

Plans for relating this field trip to the curriculum (attach additional sheet if needed): _____

Specific competencies to be learned during the field trip (attach additional sheet if needed): _____

Follow-up activities planned (attach additional sheet if needed): _____

Principal's Signature of Approval

Date

Assistant Superintendent K-6 Signature of Approval or Assistant
Superintendent 7-12 Signature of Approval

Date

Superintendent's Signature of Approval

Date

BUTLER AREA SCHOOL DISTRICT

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

TO: Butler Area School District, Its Board of School Directors, Superintendent, and Employees

The Undersigned, the parents or natural guardians of the student, _____ of

(student's name)
_____, hereby release and hold harmless the Butler Area School

(student's address)
District, its Directors, Superintendent, and employees, with respect to any liability whatsoever concerning the undertaking of a trip to

(field trip destination) by the _____

(group name)

In executing this Release of Liability and Hold Harmless Agreement, the Undersigned acknowledge that they have been advised that neither the Butler Area School District nor the parties responsible for transporting and supervising the students in question can guarantee or assure the security of said students on the trip in question. The District does not provide uniformed or other security officers with respect to said trip nor does it assume such liability. The Undersigned will investigate and satisfy themselves with respect to the provision of security for the students on the trip in question and will hold harmless and release the District and its Directors, Superintendent, and employees with respect to any liability arising out of the participation by said student on this trip.

WITNESS the hands and seals of the Undersigned, intending to be legally bound hereby, and assuring to the parties that the Undersigned have legal authority to act on behalf of the student above named. In the event that a student has attained 18 years of age, both the student and his/her parents must execute the within Release.

Witness:

Parent/Natural Guardian
Date: _____

Witness:

Parent/Natural Guardian
Date: _____

Witness:

Student (if 18 years of age)
Date: _____

Return this form by _____.

**Butler Area School District
POLICY #121.1 Accounting Substantiation Form**

Building

Sponsoring Teacher(s)

Date of Approval

Trip Destination

Date(s) of Trip

COSTS PER STUDENT

Transportation (airfare, busfare, cabfare, ect.) \$ _____

Lodging \$ _____

Meals \$ _____

Taxes, Surcharges, Insurance \$ _____

_____ \$ _____

_____ \$ _____

TOTAL COST - EACH STUDENT \$ _____

NUMBER OF STUDENTS INVOLVED _____

TOTAL COST - ALL STUDENTS \$ _____

COST PER ADVISOR/CHAPERONES

Transportation (airfare, busfare, cabfare, ect.) \$ _____

Lodging \$ _____

Meals \$ _____

Taxes, Surcharges, Insurance \$ _____

_____ \$ _____

_____ \$ _____

TOTAL COST - EACH ADVISOR/CHAPERONE \$ _____

NUMBER OF ADVISOR/CHAPERONES _____

TOTAL COST - ALL ADVISORS/CHAPERONES \$ _____

TOTAL TRIP COST (student cost plus advisor chaperone cost)

\$ _____

FUNDRAISING CAMPAIGNS

List Types of Fundraising Activities And Total Amount Generated By Each

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL GENERATED THROUGH FUNDRAISING

\$ _____

DONATION GRATUITY PROVIDED BY TOUR COMPANY

Provided For Students \$ _____

Provided for Advisors/Chaperones \$ _____

TOTAL DONATED BY TOUR COMPANY

\$ _____

PAYMENTS MADE DIRECTLY BY PARTICIPANTS

Amount paid by Students \$ _____

Amount paid by Advisors/Chaperones \$ _____

\$ _____

TOTAL FROM ALL FUNDING SOURCES

(Funding plus Tour Company Donation plus Participant Payments)

\$ _____

EXCESS / (SHORTAGE) OF FUNDS FROM TRIP

(Total Funding Sources minus Total Cost)

\$ _____

If there are any excess of funds, please describe below what will be done with the excess funds.

If there is a shortage of funds, please describe how you will obtain the additional funds needed.

Advisor Signature

Co-Advisor Signature