Request for Approval for Overnight or Foreign Travel Field Trip (K-12)

Category III

Marple Newtown School District

MUST BE SUBMITTED SIXTY (60) DAYS PRIOR TO THE PLANNED TRIP

(Please Type and Submit in Duplicate)

_____	_____	_____
School	Grade (s)	Date Submitted to Principal
_____		_____
Person (s) Requesting Approval		Organization or Club
_____		_____
Destination-complete address		Date(s) of Trip
_____		_____
Time of Departure		Time of Return

Description of Trip (Itinerary must be attached-See Field Trip Request Form Curriculum Information AR-2)

_____

_____

Nature of Trip: Curricular: ☐ Extracurricular: ☐

How many pupils involved?_____How many adults? _____

Mode of transportation:	Number Needed:
☐ School Bus	_____
☐ Charter Bus	_____
☐ District Van	_____
☐ Parent(s)	
☐ Walking	
☐ Airplane	

Estimated Transportation Cost: _____

Billable to: **OR** Cost covered by: Activity provided or paid by:

- ☐ Students
- ☐ PTO
- ☐ Club
- ☐ Other (Explain) _____

- ☐ District Activity Fee
- ☐ Athletic Department
- ☐ Special Education Dept.
- ☐ Other (Explain) _____

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- ☐ Students
- ☐ Other (Explain) _____

Total cost to pupil for transportation: _____ Total cost to the district for transportation:_____

Total cost to pupil for Activity: _____ Total cost to the district for Activity: _____

If no cost to the pupil or district-state reason: _____

Is a nurse or aide required to attend the trip? ____yes ____no

Fundraising Campaign: ____yes ____no

Items to be sold: _____ Cost: _____

Start date:_____ End date: _____

Overnight location(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 filed with the Principal prior to departure.

Principal's Signature of Approval	Date
Transportation Confirmation/Approval	Date
Director of Pupil Services/Supervisor of Spec. Ed Signature of Approval	Date
Assistant Superintendent's Signature of Approval	Date
Superintendent's Signature of Approval	Date