

GREAT NECK PUBLIC SCHOOLS REQUEST FOR FIELD TRIP - DAY

(Submit to Principal a minimum of 40 days in advance.)

School: _____ Teacher in Charge: _____
(Print Name)

Trip to (include all stops): _____

Purpose of trip: _____

Date of Trip: _____ Time: From _____ to _____

of Students: _____ Grade(s): _____

Cost to Student: _____ Cost to District: _____ (**complete reverse**)

Method of Transportation: _____

Names of Teachers & Cell Phone #s	Names of Other Adults & Cell Phone #s
_____	_____
_____	_____
_____	_____
_____	_____

(Note: Cell phones are to be kept on at all times.)

I am in receipt of [GNPS Field Trip Policy, #4531](#) and agree to abide by it. I have completed the reverse of this form and have **attached** the following for approval:

- A copy of Permission Slip
- At trip itinerary*
- Transportation Request (if applicable).
Request for Approval of Non-Conference Business Travel Expenses, estimating any expenses I and/or other chaperones expect to incur and receive reimbursement for from the District. **If this does not apply, initial here** _____.

Teacher in Charge: _____ Date: _____
(Signature)

*A list of students' names & contact numbers is required by Transportation prior to departure.

In accordance with [Policy 4531](#), I have reviewed this request its entirety. Any *Transportation Request* and/or *Requests for Approval of Non-Conference Business/Travel Expenses* have been attached to this Field Trip request and are being forwarded to Transportation Office and/or Office of Instruction as required by [Policy 4531](#). If this request does not involve the Transportation Office or Non-conference Business/Travel expenses, this original Field Trip request will be kept on file solely at the school.

I have verified with District Administration that there are sufficient funds in budget code _____ to cover expenses.

Dept. Head or Athletic Director (if applicable): _____ Date: _____

Principal's Approval: _____ Date: _____

(Signatures)

REQUEST FOR FIELD TRIP - DAY

SUMMARY OF ESTIMATED DISTRICT COSTS

(To be completed by the Teacher In Charge)

The estimated total COST TO THE DISTRICT for this trip is as follows:

1. Admission/Entrance fee(s): \$ _____

2. Chaperone Salary expenses: \$ _____

Provide names, contractual rate, and sub-totals for each chaperone.

_____	_____
_____	_____
_____	_____

3. Transportation expenses: \$ _____

Indicate type of transportation and related cost. For District bus or coach costs, Contact the Transportation Office on x4060.

4. Other Student expenses: \$ _____

Include all student expenses that will not be reimbursed to the District by the student or club.

Type of expense: _____

5. Chaperone expenses (excluding salary) \$ _____

Enter to total of all Requests for Approval of Non-Conference Business/Travel Expense forms **PLUS** any other expense the District is paying on chaperone's behalf.

Total of Non-Conference Business/Travel expenses: _____

Type/total of other expenses paid on chaperone's behalf: _____

TOTAL ESTIMATED COST TO DISTRICT: \$ _____

District Office Checklist/Recommendation for Approval of Trips Requiring District Funds

- Request received on _____
- Transportation Request
- Itinerary
- Itinerary to follow
- Request for Approval of Non-Conference Business/Travel Expenses
- Contractual chaperone expenses reviewed (payroll to be informed of known changes to these estimated expenses)

Great Neck Public Schools

Adopted: 3/72/06

Amended: 11/19/12; 12/14/15