

# GREAT NECK PUBLIC SCHOOLS

## REQUEST FOR FIELD TRIP - OVERNIGHT

(Submit to Principal a minimum of 75 days prior for US trips; 225 days for out-of-country trips)

Send *educational trips* to Office of Instruction; *athletic trips* to District Athletic Director.

School: \_\_\_\_\_ Teacher in Charge: \_\_\_\_\_  
(Print Name)

Trip to (include all stops): \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

Dates 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\*
- A detailed supervisory plan.
- 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 in its entirety. I am forwarding this request to the Office of Instruction/District Athletic Director (whichever applies) and attaching to it any or all of the above-mentioned documents that are pertinent to this trip. I have verified with District Administration that there are sufficient funds in budget code \_\_\_\_\_ to cover these expenses.

Signatures:

Dept. Head or Athletic Director (if applicable) Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Approval: \_\_\_\_\_ Date: \_\_\_\_\_ (Overnight)

Board of Ed Approval: \_\_\_\_\_ Date: \_\_\_\_\_ (Out of Country)

## REQUEST FOR FIELD TRIP - OVERNIGHT

### 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***

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Request received on _____   | <input type="checkbox"/> Transportation Request                       | <input type="checkbox"/> Supervision Plan |
| <input type="checkbox"/> Itinerary   | <input type="checkbox"/> Itinerary to follow                          | <input type="checkbox"/> Participants     |
| <input type="checkbox"/> Request for Approval of Non-Conference Business/Travel Expenses   | <input type="checkbox"/> Participants to follow                       |   |
| <input type="checkbox"/> Request for Board Approval of Personnel Action  | <input type="checkbox"/> No request will be made for personnel action |   |
| <input type="checkbox"/> Contractual chaperone expenses reviewed (payroll to be informed of known changes to these estimated expenses) |   |   |

\_\_\_\_\_  
Assistant Superintendent/District Athletic Director

\_\_\_\_\_  
Date

***Great Neck Public Schools***

***Adopted: 3/27/06***

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