

The School District of Haverford Township

Extended School Trip Request/Planning Report

Note: This request should be submitted six weeks before the trip date.
Trips over 50 miles and/or overnight may need Board approval.

Requestor Name: _____ Date Submitted: _____

Check here if you would like a copy of the signed form returned to you after Board approval

Name of Group/Team/Grade Participating:
Building:
Purpose of Trip or Name of Event:
Date(s) of Trip/Days of the Week:
Number of School Days Missed:

Destination Name:		
Destination Address:		
Is the destination over 50 miles away?	Yes	No
Is the trip overnight?	Yes	No

Number of students involved:	Number of adults involved:
List of teachers who need substitutes:	

Total cost per student:
How is the trip being financed? (PTO, fundraising, etc.):
What provisions are being made for students who are unable to participate due to lack of funds?
Approximate (cash) need for student:

Student attire (uniform, warm weather, formal, etc.):

Person(s) in Charge:

Chaperone Name(s):

Emergency contact with phone:

Hotel or Host Family Name/Address/Phone:

TO BE COMPLETED BY THE BUILDING PRINCIPAL

Principal Signature:

Date:

TO BE COMPLETED BY THE ASSISTANT SUPERINTENDENT

Signature:

Date:

TO BE COMPLETED BY THE SUPERINTENDENT'S OFFICE

Signature:

Date:

Board Approval Date: