

# 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

<b>Name of group/team/grade participating:</b>
<b>Building:</b>
<b>Purpose of trip or name of event:</b>
<b>Date(s) of trip / Day(s) of the week:</b>
<b>Number of school days missed:</b>

<b>Destination name:</b>		
<b>Destination address:</b>		
<b>Is the destination over 50 miles away?</b>	<b>Yes</b>	<b>No</b>
<b>Is the trip overnight?</b>	<b>Yes</b>	<b>No</b>
<b>Mode of transportation:</b>		

<b>Number of students involved:</b>	<b>Number of adults involved:</b>
<b>List of teachers who need substitutes:</b>	

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

<b>Approximate (cash) need for student:</b>
<b>Student attire (uniform, warm weather, formal, etc.):</b>

<b>Person(s) in charge:</b>
<b>Chaperone name(s):</b>

<b>Emergency contact with phone:</b>
<b>Hotel or host family name/address/phone:</b>

**TO BE COMPLETED BY THE BUILDING PRINCIPAL**

<b>Principal signature:</b>	<b>Date:</b>
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**TO BE COMPLETED BY THE ASSISTANT SUPERINTENDENT**

<b>Signature:</b>	<b>Date:</b>
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**TO BE COMPLETED BY THE SUPERINTENDENT'S OFFICE**

<b>Signature:</b>	<b>Date:</b>
<b>Board approval date:</b>	