## Buffalo-Hanover-Montrose Public Schools Optional Field Trip/Overnight or Out-of-State Trip Form

School BH	<u> </u>	Group Making Re	equest <u>Ye</u> C	ar book
Principal Ma	K Mischke	Person in Charge	Ryan	McCallon
<ol> <li>Dates of Trip:</li> <li>Number of St</li> <li>Grade Levels</li> <li>Supervision reincluded for e</li> </ol>	Balfar Published Salfar Published Salfar Published Salfar Published Salfar Published Salfar S	Number of Female 3	School Days I	Missed:
7. Describe the parties of	ults Accompanying: Shoe)  ourpose and objectives of the receive foc  Yearbook product	f the trip: _sed,d; \$\feres\co	sted (nsta	uction on man
b. Cost per j	ed by:  I Account   I Account   I Account   I Account   I Account   I A A A A A A A A A A A A A A A A A A	r students with financ	ial difficulties	

d.	What efforts have been made to acquire the most cost effective price?  Saltar pays all express and the uses our book  as a national sample.
	Faculty members may not receive any salary remuneration relating to field trips from outside agencies or arrange trips for financial gain. Is a portion of the funds provided by students paying for or reducing chaperone costs? YES NO Insurance Issues  a. Will students need additional medical insurance coverage? YES NO is group tour insurance being purchase? If so, what is the coverage and cost?
9. Tran	sportation Information: How will students be transported?
a.	Bus Name of Company
b.	Plane Name of Airline Della
· d.	School District van/s School District not responsible for transportation Other—explain  Parents driving to + from Aurouts.
10. Co inproof to include med	mmunication - Please attach a copy of the trip itinerary. Include parental and student tin the planning process and all parent meetings conducted to ensure full disclosure the trip and associated topics to include but not limited to: purpose of the trip, cost (to ade spending money), fund raising, adult chaperones, emergency telephone numbers, ical insurance needs, procedure for sending a student home in case of an emergency dical, disciplinary, etc.) and itinerary.
Person	n Charge Signature Date 6/9/16
Activiti	os Director Signature Schold Date 6/29/16
Superin	endent Signature Mott Thile Date 6/29/16