

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

School _____ Group Making Request _____

Principal _____ Person in Charge _____

1. Destination: _____

2. Dates of Trip: _____ Number of School Days Missed: _____

3. Number of Students: Male _____ Female _____

4. Grade Levels Included: _____

5. Supervision requirements: one adult for every 12 students. Same gender chaperone must be included for each gender participating.

a. Staff Accompanying: _____

b. Other Adults Accompanying: _____

7. Describe the purpose and objectives of the trip:

8. Cost Factors:

a. Trip funded by:

1. School Account ☐

2. Individual student ☐

b. Cost per person _____

c. What provision has been made for students with financial difficulties? Fund raising activities conducted?

d. What efforts have been made to acquire the most cost effective price?

1. 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

2. Insurance Issues

a. Will students need additional medical insurance coverage? YES NO

b. Is group tour insurance being purchase? If so, what is the coverage and cost?

9. Transportation Information: How will students be transported?

a. Bus _____ Name of Company _____

b. Plane _____ Name of Airline _____

c. School District van/s _____

d. School District not responsible for transportation _____

e. Other – explain _____

10. Communication - Please attach a copy of the trip itinerary. Include parental and student input in the planning process and all parent meetings conducted to ensure full disclosure of the trip and associated topics to include but not limited to: purpose of the trip, cost (to include spending money), fund raising, adult chaperones, emergency telephone numbers, medical insurance needs, procedure for sending a student home in case of an emergency (medical, disciplinary, etc.) and itinerary.

Person in Charge Signature _____ Date _____

Activities Director Signature _____ Date _____

Superintendent Signature _____ Date _____