

# GREAT NECK PUBLIC SCHOOLS REQUEST FOR FIELD TRIP - DAY

(Submit to Principal a minimum of 40 days in advance.)

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

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

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

Date 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 District 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\*
- 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 its entirety. Any *Transportation Request* and/or *Requests for Approval of Non-Conference Business/Travel Expenses* have been attached to this Field Trip request and are being forwarded to Transportation Office and/or Office of Instruction as required by Policy 4531. If this request does not involve the Transportation Office or Non-conference Business/Travel expenses, this original Field Trip request will be kept on file solely at the school.

I have verified with District Administration that there are sufficient funds in budget code \_\_\_\_\_ to cover expenses.

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

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

(Signatures)

**REQUEST FOR FIELD TRIP - DAY**

**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 of Trips Requiring District Funds***

- Request received on \_\_\_\_\_
- Transportation Request
- Itinerary
- Itinerary to follow
- Request for Approval of Non-Conference Business/Travel Expenses
- 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: 3/72/06***

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