

GREAT NECK PUBLIC SCHOOLS

REQUEST FOR FIELD TRIP - OVERNIGHT

(Submit to Principal a minimum of 75 days prior for US trips; 225 days for out-of-country trips)

Send *educational trips* to Office of Instruction; *athletic trips* to District Athletic Director.

School: _____ Teacher in Charge: _____
(Print Name)

Trip to (include all stops): _____

Purpose of trip: _____

Dates 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 GNPS 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*
- A detailed supervisory plan.
- 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 in its entirety. I am forwarding this request to the Office of Instruction/District Athletic Director (whichever applies) and attaching to it any or all of the above-mentioned documents that are pertinent to this trip. I have verified with District Administration that there are sufficient funds in budget code _____ to cover these expenses.

Signatures:

Dept. Head or Athletic Director (if applicable) Approval: _____ Date: _____

Principal's Approval: _____ Date: _____

Superintendent's Approval: _____ Date: _____ (Overnight)

Board of Ed Approval: _____ Date: _____ (Out of Country)

REQUEST FOR FIELD TRIP - OVERNIGHT

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Request received on _____ | <input type="checkbox"/> Transportation Request | <input type="checkbox"/> Supervision Plan |
| <input type="checkbox"/> Itinerary | <input type="checkbox"/> Itinerary to follow | <input type="checkbox"/> Participants |
| <input type="checkbox"/> Request for Approval of Non-Conference Business/Travel Expenses | <input type="checkbox"/> Participants to follow | |
| <input type="checkbox"/> Request for Board Approval of Personnel Action | <input type="checkbox"/> No request will be made for personnel action | |
| <input type="checkbox"/> 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: 3/27/06

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