

# FIELD TRIP CHECK OFF LIST

SCHOOL PERSONNEL SUBMITTING THE DOCUMENTATION:
ACTIVITY:
DESTINATION:
DATE (S) TO TRIP:

*(To be checked off and submitted directly to the person in charge of submitting the field trip in the PeopleSoft System).*

For field trip personnel	<u>One Day Field Trips</u> <i>(with or without cost for admissions)</i>	For school main office	For field trip personnel	<u>WALKING FIELD TRIPS</u>	For school main office
	<b>Field Trip Request Form</b>			<b>Field Trip Request Form</b>	
	<b>Field Trip Rationale Form</b>			<b>Field Trip Rationale Form</b>	
	<b>Bus Transportation Form</b> (IF APPLICABLE)			<b>Invoice or Invitation (if applicable)</b>	
	<b>Invoice or Invitation</b>			<b>List of Employees</b>	
	<b>List of Employees</b>			<b>List of Chaperones</b>	
	<b>List of Chaperones</b> <i>(not for overnight field trips)</i>			<b>List of Students (must be numbered)</b>	
	<b>List of Students (must be numbered)</b>				
	<b><u>OVERNIGHT Field Trips</u></b> Include all <b>paperwork</b> listed above along with the paperwork noted below:			<b>ADDITIONAL DOCUMENTATION</b>	
	<b>Itinerary</b>				
	<b>Hotel Pool Regulation Form</b>				
	<b>Breakdown of Room Assignments</b> (indicate gender of each person)				
	<b>Proof of hotel accommodations</b>				
	<b>Proof of air/train accommodations</b>				
	<b>Proof of meal payments for students</b> (if applicable)				
	<b>Proof of ground transportation payment</b> (if applicable).				

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Returned for missing information (date): \_\_\_\_\_

Received with corrected information (date): \_\_\_\_\_

# FIELD TRIP REQUEST FORM

\*Grades on Trip:

\*Number of Classes:

\*Activity Description:

\*Field Personnel:

Trip Financed By: (Select One)

- District Funds
- Fund Raising/Donations
- No Cost to NPS
- Buses Only

Date and Time

\*Date

Overnight (Check if Yes)

\*Time of Departure:

Return Date:

\*Destination Departure Time:

Destination Information

\*Destination/Payee:

Address Line 1:

Address Line 2:

\*City:

\*State:

**PLEASE NOTE:** The principal shall attach the following information if the transportation company is not on approved list: (1) certificate of automobile liability insurance in the amount of at least \$3,000,000 combined single limit, naming the Newark Board of Education as additional insured and also furnish documentation of uninsured/underinsured motorist coverage with a limit of not less than \$3,000,000 combined single limit; and (2) copy of driver's most recent motor vehicle record which is on file with the transportation company and driver's license.

Cost and Attendee Counts

# of Students:

# Free Students:

Cost Per Student:

Total Student Cost:

# of Employees:

# Free Employees:

Cost per Employee:

Total Cost Employee:

# of Chaperones:

# Free Chaperones:

Cost per Chaperone:

Total Cost  
Chaperone:

Other Costs

Cost Descr

Total Attendees:

Total Cost:



Is a Check Required (Check if Yes):

Bus Required (Check if Yes, Uncheck if No):

Comments :

# BUS TRANSPORTATION FORM

\*Date of Trip:   Day Of the week:   Overnight ( Check if Yes )  
\*Field Person:  \*Phone No for Field Person:  RETURN DATE:

\*Field Trip Destination:    
\*Address Line 1:   
Address Line 2:   
\*City:   
\*State:   Postal Code:

\*Pick up From:   
Address Line 1:   
Address Line 2:   
City:   
State:  Postal Code:

Special Instructions:

\*Departure Time from School/Location:  \*Number of Students Attending:   
\*Departure Time from Trip/Location:  \*No Of Employees and Chaparones:   
Total Number of People:

Type of Vehicle	# Vehicle
<b>SMALL SCHOOL BUS</b> (Holds up to 16 passengers)	<input type="checkbox"/>
<b>SCHOOL BUS</b> (Holds 50-55 passengers)	<input type="checkbox"/>
<b>COACH BUS</b> Will only be approved for the following reasons: - Field trips destination is over 2 hours one way - Equipment Storage - Extreme circumstances	<input type="checkbox"/>

**RATIONALE FOR COACH BUS USE:**

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# Breakdown of Room Assignments

(Use additional forms if necessary)

<b>Hotel Name:</b> _____	<b>City</b> _____	<b>State:</b> _____
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**Employee / Chaperones:**

	NAME	GENDER (MALE / FEMALE)
<b>ROOM #</b> _____	_____	_____
<b>FLOOR #</b> _____	_____	_____
	_____	_____
	_____	_____

**Students:**

	NAME	GENDER (MALE / FEMALE)
<b>ROOM #</b> _____	_____	_____
<b>FLOOR #</b> _____	_____	_____
	_____	_____
	_____	_____

**Students:**

	NAME	GENDER (MALE / FEMALE)
<b>ROOM #</b> _____	_____	_____
<b>FLOOR #</b> _____	_____	_____
	_____	_____
	_____	_____

**Students:**

	NAME	GENDER (MALE / FEMALE)
<b>ROOM #</b> _____	_____	_____
<b>FLOOR #</b> _____	_____	_____
	_____	_____
	_____	_____

**Students:**

	NAME	GENDER (MALE / FEMALE)
<b>ROOM #</b> _____	_____	_____
<b>FLOOR #</b> _____	_____	_____
	_____	_____
	_____	_____

**Students:**

	NAME	GENDER (MALE / FEMALE)
<b>ROOM #</b> _____	_____	_____
<b>FLOOR #</b> _____	_____	_____
	_____	_____
	_____	_____



# LIST OF EMPLOYEES

DATE TO TRIP

NUMBER OF STUDENTS SCHEDULED TO ATTEND TRIP:

**Reminder:** At least one (1) chaperone for every ten students

## Important Note:

**In case of an emergency, contact numbers must be provided for each employee.  
School's telephone numbers cannot be used.**

	NAME OF EMPLOYEE	EMERGENCY CONTACT NUMBER (WHILE ON FIELD TRIP)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

# LIST OF CHAPERONES

(NOT EMPLOYEES)

ACTIVITY:
DESTINATION:
DATE TO TRIP:

**Reminder:** At least one (1) chaperone for every ten students

## Important Note:

**In case of an emergency, contact numbers must be provided for each chaperone. School's telephone number cannot be the used.**

	NAME OF CHAPERONE	EMERGENCY CONTACT NUMBER (WHILE ON FIELD TRIP)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

# LIST OF STUDENTS

ACTIVITY:
DESTINATION:
DATE TO TRIP:

**A copy of this list must be given to the employee (field person) traveling with the students.**

	NAME OF STUDENT	EMERGENCY CONTACT TELEPHONE #	HOME ADDRESS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			