BANGOR AREA SCHOOL DISTRICT
FIELD TRIP REQUEST FORM
(No. 121-AR-1)

Field Trip Request Requirements:

1. This form must be submitted to the administrative assistant for human resources not less than **twenty-one (21) calendar days** prior to a Regular School Board Meeting.
2. A field trip may not occur without prior approval by the Board.
3. Complete one (1) form and submit to your building secretary, who will then review and forward it to the building principal. Final approved copies will be returned to the applicant, building secretary, and principal.
4. All pages of the form must be completed.
5. ***Note** –Volunteer Chaperones must have evidence of the following background clearances (*current within one year*): Child Abuse Clearance (Act 151-CY113), Criminal Record Check (Act 34-SP4-164) and complete an Arrest/ Conviction Report/Certification Form (Act 24 of 2011/Act 82 of 2012).
6. Chaperones accompanying overnight trips are also required to complete a drug screening through the Human Resources Department.

DATE SUBMITTED:	DATE(S) OF TRIP:
STAFF MEMBER IN CHARGE:	POSITION:
SCHOOL:	DEPARTMENT/GRADE:

Destination Information and Purpose of Trip

Name of Destination:	Street:
Contact Name:	City/State/Zip:
How does the field trip relate to the planned course curriculum guide? (Please be as specific as possible)	
Purpose/Objective of the Trip:	

Emergency Information

Name of Nearest Medical Assistance Facility: Phone Number:	Street: City/State/Zip:
Does the facility have medical personnel (EMT or nurses)? ___ Yes ___No	
I have submitted and reviewed emergency action plans for the field trip with the building principal.	**Staff Member in Charge – Signature:**

Medical Information

Is it necessary for the school nurse or other medical personnel to attend this field trip? If yes, please explain:	___ Yes ___No
School Nurse's Signature:	**Date:**

Travel Information

1. Departure time from school		2. Arrival time at destination	
3. Departure time from destination		4. Arrival time at school	

Registration Costs	# of Individuals	Cost per Individual	Total Cost
Students		$	$
District Personnel		$	$
Volunteer Chaperones		$	$
Complimentary District Personnel/Chaperones			
Box A		**Registration Costs Sub Total**	$

Personnel Costs	# of Individuals	Cost per Individual		Total Cost
Substitute Teachers		$116 per day		$
Substitute Nurse		$140 per day		$
		Total Substitute Costs		$
Medical Services		Cost per CBA	Estimated Hours (see 332-AR-0)	
Nursing Time Beyond Regular Hours				$
Box B		**Total Personnel Costs (Substitute + Medical) Sub Total**		$

Transportation Costs *Add 30 minutes for bus travel to/from depot	Total vehicles	Total time	Cost per Vehicle/Ticket	Total Cost
*School Bus (48 Secondary/65 Elementary)			$38.63	$
*Van			$38.63	$
Charter Transportation			$	$
Air Fare Tickets			$	$
Box C Acct #:			**Transportation Costs Sub Total**	$

Lodging Costs	# of Rooms	Cost per Room	Total Cost
Student Rooms		$0.00	$
District Personnel Chaperones		$0.00	$
Volunteer Chaperones		$0.00	$
Box D		**Lodging Costs Sub Total**	$

Total Costs	
Registration Costs Sub Total (Box A)	$
Personnel Costs Sub Total (Box B)	$
Transportation Costs Sub Total (Box C)	$
Lodging Costs Sub Total (Box D)	$
Box E **Total Cost of Trip**	$

Funding	
Student Activity Acct #:	$
***General Budget Acct #:** (ex.- Substitute Costs)	$
Nonprofit Contribution (PTO, Booster Club, etc.)	$
Chaperone Contribution (if applicable)	$
Box F **Funding Total**	$

Amount Unfunded	
Total Cost of Trip (Box E)	$
Subtract Total Funding (Box F)	$
Box G **Amount of Trip Unfunded**	$

Student Expense	
Amount of Trip Unfunded (Box G)	$
Number of Students	
(Amount of trip unfunded divided by # of students) Cost per Student	$

*Account number must be provided by the principal if any funding is from the general budget.

Staff Member in Charge Information

Last Name	First Name	Primary Phone	Sub Needed
			___ Yes ___No
			___ Yes ___No

Nurse (if required)

Last Name	First Name	Primary Phone	Sub Needed
			___ Yes ___No

District Personnel Roster

Last Name	First Name	Building	Position	Sub Needed
				___ Yes ___No
				___ Yes ___No
				___ Yes ___No
				___ Yes ___No
				___ Yes ___No
				___ Yes ___No
				___ Yes ___No
				___ Yes ___No
				___ Yes ___No
				___ Yes ___No
				___ Yes ___No

Volunteer Chaperones

Last Name	First Name	Phone Number

Trip Itinerary

Date	Time	Activity

Approval Signatures	Approved	Rejected	Date
Principal/Immediate Supervisor:	☐	☐	
Superintendent and/or Designee:	☐	☐	

DATE OF BOARD APPROVAL: _____