

The Teaneck Public School District

Pre K – 12 Field Trip Application

Regular (Day) Field Trip 2023-2024

Received

One field trip, per form, per date must be received by the Office of Curriculum and Instruction no later than the date board motions and attachments are due. **ALL FIELD TRIPS MUST BE APPROVED BY THE BOARD.**
Please ask your department secretary for the dates of submission for Board approval.

Date of request: _____

Request must be submitted to Central Office 45 days prior to trip date.

Trip Leader: _____ School: _____

Trip Destination: _____ City / State: _____

Date of Trip: _____ Rain Date: _____

Movie: Yes No Movie Name: _____ Rating: _____

Departure Time: _____ Return Time: _____ Permission slips obtained: Yes No

Classes attending:	Grade:	# students attending:
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Other school(s) participating: _____ Trip Leader: _____

Number of teachers attending:	Number of parent chaperones:	Total number of teacher and parent chaperones:
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Special needs issues (if any): _____

School Nurse required to attend (signature required): Yes _____ No _____

What is the educational reason(s) for selecting this destination? _____

What **PRE-TRIP PREPARATION** is planned in order for students to optimize their trip experience?

What are the **SPECIFIC EDUCATIONAL OUTCOMES / BENEFITS** of this trip? _____

What is the **RELATIONSHIP TO CURRENT / PLANNED CURRICULUM?** _____

Actives planned during this trip:

Estimated total activity time: _____

Are meals provided? Yes No What is the estimated time for all meals? _____

STAFF MUST ENTER THEIR ATTENDANCE ON THE FIELD TRIP INTO AESOP.

Indicate ALL staff members participating on the trip and whether a substitute is required.

THIS AREA TO BE COMPLETED BY PRINCIPAL'S SECRETARY

NAME	GRADE	SUBSTITUTE	PI	PB	FT	PD	FI
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					

ATTACH ADDITIONAL PAGES IF NECESSARY

Are water activities involved? Yes No If yes, attach a plan for supervision of students during this activity.

Name of Bus Company	# of buses	Cost per bus	Total

Costs (tickets, etc.): \$ _____

Total cost of trip: \$ _____

Other school(s) participating: _____

Cost to Student/Parent/Guardian: \$ _____

If Board funds are being used, state reason: _____ Total cost to TBOE: \$ _____

Requisition #: _____ Purchase Order#: _____

ATTACH A COPY OF PERMISSION SLIP AND CLASS LIST, INCOMPLETE FORMS WILL BE RETURNED AND MAY JEOPARDIZE APPROVAL

After approval by the Assistant Superintendent, any change must be submitted in writing for approval of the change.

Teacher's signature: _____ Date: _____

Principal's signature: _____ Date: _____

Nurse's signature: _____ Date: _____

Director's /Supervisor's signature: _____ Date: _____

Assistant Supt. C&I signature: _____ Date: _____

Board Approval Date: _____