

UNION CITY AREA SCHOOL DISTRICT
STUDENT FIELD TRIP FORM

Office Copy - MS/HS Elem.

Transportation request
submitted? ___ yes ___ no

Field Trip for (group): _____ Requested by: _____

Going to: _____ Number of students: _____ Date: ____/____/____

Leaving at: _____ a.m. p.m. Returning at: _____ a.m. p.m.

1. **PRE-APPROVED TRIP** (complete side 1 only) **NEW REQUEST or revision of pre-approved trip** (complete both pages)

2. Students will travel by (please check): **school bus** **school van** (up to 7 passengers including driver)

(Attach transportation requisition form, signed by Principal.)

If a van is being requested and requester will be driving the van, indicate so on requisition form. All drivers must be listed. Copies of current drivers' licenses must be attached if not currently on file.

automobile If travel is by private automobile, the vehicle must be properly insured and a seat belt must be provided for each passenger. ATTACH COPY OF INSURANCE POLICY/POLICIES.

commercial bus (For non-District-paid events, advisor is responsible to secure bus.)

3. Total cost for this trip excluding transportation: \$ _____ Admission to event \$ _____

Other costs _____

4. Cost to students, parents, etc. for taking this trip: \$ _____ Explain: _____

5. Students will: pack lunch stop for lunch at _____ (if applicable)

CHAPERONES: List all chaperones going on the trip. DISTRICT EMPLOYEES MUST RECEIVE WRITTEN APPROVAL BY THEIR BUILDING PRINCIPAL/SUPERVISOR PRIOR TO LISTING BELOW. Include address and telephone number for non-District-employed person only. Use back if more space is needed.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

NOTE ON CLEARANCES: If non-District-employed chaperones are used, clearances are required if they will be ALONE with a student or a group of students at any time. Current* approved Act 34 and 151 clearances as well as the Act 114 FBI fingerprint check must be received by the District prior to the trip, or they must have non-expired clearances on file at the Administration Office. (Clearances already on file are considered expired when the individual has had a break in service to the District or in which there has been no documented service to the District during the current or previous school year.) Please call Superintendent's Secretary to ascertain status of any clearances on file. (*Current clearances must be less than one year old.)

Will any non-District-employed chaperones be alone with students at any time as described above? Y N

SECONDARY ONLY: Attach list of students by grade who will be on the field trip and the amount of classroom instruction time they will be missing as a result. _____

Principal's Signature of Review (pre-approved trips)

(FOR NEW OR REVISED TRIPS ALSO COMPLETE PAGE 2)

THIS PAGE MUST ALSO BE FILLED OUT FOR NEW or REVISED TRIPS

Field Trip for (group): _____ Requested by: _____

How will this trip be funded? _____

Purpose of Field Trip (goals, specific objectives):

In what way(s) does this trip support the curriculum/instruction program? Relate specific curriculum objectives.

Overview of trip: _____

Principal's/Asst. Principal's Signature _____ Date _____	
Do you recommend this trip for approval? YES NO	
NOTE: If travel is by private automobile, a copy of insurance policy and driver's license must be attached.	
Signature of Superintendent/Assistant Superintendent	Date _____
_____	____ Approved ____ Denied