

BOYERTOWN AREA SCHOOL DISTRICT – OVERNIGHT TRIP REQUEST

v.07/2023

(for travel within the United States)

- **PLEASE PRINT CLEARLY.**
- All overnight trip requests **must be pre-approved** by the Board of School Directors (at a scheduled meeting).
- Please submit all Overnight Trip Request Forms at least **one month prior** to the trip.
- **IF ALL INFORMATION AND ATTACHMENTS ARE NOT PROVIDED, THIS FORM WILL NOT BE PROCESSED.**

GROUP: _____ SCHOOL: _____

EVENT: _____

Dates of Trip: _____

How is this trip related to curriculum:

Objective of this proposed trip:

Teacher/Staff Member in charge: _____

Number of Students (please attach a separate list of their names and their grades): _____

ITINERARY: Please attach a complete itinerary of the trip, including a breakdown of activities by hour.

Departure:

Time: _____

Location: _____

Return:

Time: _____

Location: _____

Chaperones: All chaperones must have current clearances on file with the district.

Please fill in names below and check the **SUB NEEDED** box if they are staff members that will require a **substitute** during this overnight trip. The daily cost for a Substitute is \$110.00. **Staff members are responsible for entering their own absence in the system, under "FIELDTRIP".**

Name	Sub. Needed	Name	Sub. Needed
1.	<input type="checkbox"/>	4.	<input type="checkbox"/>
2.	<input type="checkbox"/>	5.	<input type="checkbox"/>
3.	<input type="checkbox"/>	6.	<input type="checkbox"/>

OF SUBS _____ X \$110.00 X NUMBER OF DAYS _____ = TOTAL COST FOR SUBS \$ _____

Mode of Transportation

District Vehicle(s) Bus(es) OR Coach(es) Air

OTHER (please specify): _____

*Group will be charged for any **EZ Pass tolls** received on district vehicle(s). Group is responsible for all bus and air fees.

Room Arrangements (if more than 2 locations, attach separate paper showing all lodging)

Lodging Date(s): _____

Business Name: _____ Phone: _____

Business Address: _____

Lodging Date(s): _____

Business Name: _____ Phone: _____

Business Address: _____

STUDENTS	Amount Paid by STUDENT	Amount Paid by Student Activity Fund	Amount Paid by District	Amount Paid by Other (please specify)	LINE TOTALS
ROOM COSTS					
REGISTRATION					
TRANSPORTATION					
SUBSTITUTE FEES					
MEALS					
OTHER (please specify)					
COLUMN TOTALS					

CHAPERONES	Amount Paid by CHAPERONE	Amount Paid by Student Activity Fund	Amount Paid by District	Amount Paid by Other (please specify)	LINE TOTALS
ROOM COSTS					
REGISTRATION					
TRANSPORTATION					
SUBSTITUTE FEES					
MEALS					
OTHER (please specify)					
COLUMN TOTALS					

SIGNATURES:

Teacher/Staff Member Signature: _____ Date: _____

Principal – **approve/deny** (circle one)

Principal Signature: _____ Date: _____

If **denied**, please give reason: _____

Board of School Directors – **approve/deny** (circle one) Meeting date: _____

If **denied**, please give reason: _____

Superintendent's Signature: _____

CHAPERONES– PLEASE LIST CONTACT INFORMATION FOR EACH:

NAME: _____

PHONE(S): _____

EMAIL: _____

NAME: _____

PHONE(S): _____

EMAIL: _____

NAME: _____

PHONE(S): _____

EMAIL: _____

NAME: _____

PHONE(S): _____

EMAIL: _____

NAME: _____

PHONE(S): _____

EMAIL: _____

NAME: _____

PHONE(S): _____

EMAIL: _____

NAME: _____

PHONE(S): _____

EMAIL: _____