

**ORCHARD PARK CENTRAL SCHOOL DISTRICT
FIELD TRIP REQUEST / INSTRUCTIONAL PLAN APPROVAL FORM**

NOTE: Please submit in advance (per field trip procedures) to the proper administrator as the transportation department MUST receive the field trip form 3 weeks before the trip. The number of attending must be completed on this form.

_____ NOT during the school day _____ NOT during the last week of marking period

Date of Request _____ **Contact Phone Number** _____

Date(s) of Field Trip _____

Departure Building/Address _____

Point of Departure _____ **Time of Departure** _____

Destination (Exact Address) _____

Mode of Transportation (i.e. District Bus/Bus Company/Plane) _____

Pick-up Time at Event _____ **Arrival Back at School Building** _____

Number of Students _____ **Number of Teachers/Chaperones** _____

Are Substitutes Required (Check Box is Yes) **If Yes, How Many** _____

Student(s) with Medical/Special Alert: _____

Name of Organization _____

List of Teachers: _____ **Lista of Aides:** _____

Rationale for this trip (include curricular reasons) _____

Cost of Trip to District \$ _____ **Cost of Trip to Students \$** _____

If other than school, trip to be paid by? _____

Will there be Fundraising? (Check Box is Yes) **If Yes, attach Fundraising Activity Form (7450F)**

Will consent form be secured from all parents/guardians: (Check Box is Yes)

Signature of Teacher(s) in charge (sponsor)

(Continued)

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APPROVAL / DENIAL of Principal or Administrator

Approved **Date** _____ **Printed Name** _____
 Denied **Signature** _____

APPROVAL / DENIAL of Superintendent

(Superintendent if overnight and Board of Education if out of Continental US)

Approved **Date** _____ **Printed Name** _____
 Denied **Signature** _____

Date Approved by Board of Education _____

TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Approved **Date** _____ **TRIP #** _____

Denied **Reason for Denial** _____

Cost of Drivers hours _____ x _____ = \$ _____

Mileage _____ x _____ = \$ _____

Signature _____

TOTAL TRIP COST \$ _____

FOR ELEMENTARY SCHOOL USE ONLY

Lunch Arrangements (Check One)

- During Trip
- Normally scheduled time in cafeteria
- In classroom upon return
- Arrangements completed to switch lunch periods with _____

Special Area Classes Required Cancellation:

Time	Class
_____	_____
_____	_____
_____	_____
_____	_____

Funding Details:

Total Cost per Student: \$ _____

Less \$ PTO Donation : \$ _____

Total Cost Per Student: \$ _____

Is Bus Cost Paid by PTO (Y or N) _____

PTO Treasurer notified: (Y or N) _____

Check made payable to: _____

Check need by _____

Check to be mailed to (address) _____

Check to be given to: _____

For PTO Treasurer Use Check # _____

Faculty Member: Submit original to Administrator in charge, fax original to Transportation (Fax #716-209-8140).
Administrator: Notify staff member of approval/denial of trip.
Transportation: Forward approved copy to administrator overseeing field trip.