NORTH EAST S	CHOOL D	ISTRICT -	STUDEN	NT/GROU	P FIELD T	RIP R	EQUEST	(BOARD PO	LICY 121)	Field Trip	#
STAFF						DAT	E				
MEMBER(S):						+	UESTED:			STUDENTS:	
SCHOOL:		GROU	IP:				TE OF TIVITY:		Depa	arture TIME:	Est. Return TIME:
DESTINATION:			ADDRE	ESS				CITY		ST	ZIP
PURPOSE OF TRI	P:										
CHAPERONES (C	learances r	equired) Pl	ease List:								
Transportation Dept	F Ev+ 4200	EXPENS	SES:				FUNDRAI	SY CLUBS, SERS, &/OR IPANTS *		CE OF FUNDS	PAID BY DISTRICT
<u> </u>		()					_	IPAN15 *			
School Vehicle: Personal Vehicle	(Only if school			# Van(s)			\$				\$
Round trip shortest d		school distri	ct :	# Miles	@ 7	Û¢	\$				\$
Substitute(s)	#	Х	Days	@ \$165 F	Per day		\$				\$
Admission:	☐ Form	Attached	#	Х	\$		\$				\$
Registration:	☐ Form	Attached	#	Х	\$		\$				\$
Lodging # Nig	ghts	x #	Adults X		\$		\$				\$
Hotel Inform	nation:				_						
Meals (State compe	etition only)		# Meal	s X	\$	Each	\$				\$
Miscellaneous					1		\$				\$
Requisition/PO #					TOTAL		\$				\$
							INES TO N				
 If registration If requesting a School district the board of d transportation Receipts for a completing a feature 	be submitt 0+ miles fro or admission (Cash Adva personnel directors or n is unavail ppropriate Reimburser (EBreakfast	ed for app om the dist on fee is a ance, the a are strong superinte able and to incurred e ment Requ t \$8.00, Lun	rroval a matrict OR \$ pplicable ppropria gly discoundent of raffic or vexpenses uest (pink nch \$10.0	ninimum o 11,000+ to , Registrat te Cash Ad uraged fro schools. P valking co may be su s) form. Plo 00, Dinner	of three (3) tal cost (reion Requed dvance (blum providing ersonal versonal	weelegardlest (green weel) for the less of	ess in advancess of distreen) form in must be a sportation amay be usute a hazar Business Otinal receiptonly). Staff	nce except ir ict cost) mu must be attached. In to student sed for student of to the safffice for reir its.	n emergency st be formall ached. s in personal ent transport ety of the stu mbursement / limit \$44.00	situations. y approved by vehicles unless tation only if di idents. after the trip h	the school board. s authorized by strict or parental as taken place by day limit \$33.00.
Superintendent Sign	nature/App	roval					FINA	AL SUPT/BOA	RD APPROVA	L DATE:	
-											TENDENTS OFFICE
										ctional benefits	
Teacher Submit	ting Signat	ure:					Date:				
Reviewed By Bu	ilding Prind	cipal:	_				Superin	ntendent's S	ignature:		

NOTE: Must be completed for each student participating in a field trip requiring an overnight stay or outside a one-hundred-mile radius of the North East School District.

STUDENT/GROUP FIELD TRIP REQUEST MEDICAL RELEASE FORM

I/W	Ve,	and	
the	parent(s) and/or guardian(s) of		_ , a minor, have entrusted such minor
to t	the care of	, an	adult, for the purpose of taking part in a
No	rth East District field trip		
То		from	to
merge nd ho n the 985, (ency vehicle transportation, x-ray expital care to be rendered to the about advice of a physician and/or surger	xamination, anesthetic, med we-referenced minor under t eon licensed under the prov ther state or country, the lav	o consent to any ambulance or other ical, or surgical diagnosis or treatment he general and special supervision, and visions of the Medical Practice Act of v governing the practice of medicine.
1.	Allergies:		
2.	Medications:		
3.	Name of Medical Insurance Com	pany:	
4.	Policy Number:		
5.	Medical Problems:		
Na	he parent(s) or guardian(s) cannot b nme: ldress:	e reached in an emergency,	the person to be contacted is:
	elephone		
Νü	ımber:		
-	Parent or Guardian		Parent or Guardian
=	Telephone Number		Date

NOTE: Please make an individual copy of this form for each student to complete.

NOTE: Must be completed for trips requiring an overnight stay or outside a one-hundred-mile radius of the North East School District.

ITINERARY FOR STUDENT GROUP FIELD TRIP

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<u>tudents</u>	9.	
·	10	
	11	
	13.	
	14.	
·	15.	
·	16.	
ontinue on a separate sheet of paper if necessate and Time of Departure from North ast:	sary and attach to this form.	
ate and Time of Departure from North	sary and attach to this form.	
eate and Time of Departure from North ast: Destination and Estimated time of Arrival: Destination: Description: Description	sary and attach to this form.	
Pate and Time of Departure from North last: Destination and Estimated time of Arrival: Clanned Route of Travel to Destination:	sary and attach to this form.	