

# BOYERTOWN AREA SCHOOL DISTRICT – OVERNIGHT TRIP REQUEST

v.09/2024

(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: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

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: \_\_\_\_\_

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

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

### SIGNATURES:

Staff Member (**PRINT NAME**): \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Approval (**PRINT NAME**): \_\_\_\_\_

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 approval (**PRINT NAME**): \_\_\_\_\_

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): \_\_\_\_\_

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EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

EMAIL: \_\_\_\_\_