

Franklin Lakes Public Schools

SCHOOL TRIP APPLICATION

Teacher(s): _____

School(s): _____

Grade: _____ Department: _____

Participating Groups (grade, name of class, group or club etc.): _____

REQUEST MUST BE SUBMITTED 30 DAYS IN ADVANCE AS BOARD APPROVAL IS REQUIRED.

Name of Trip/Destination: _____ Trip Date: _____

Address/Location: _____ Phone Number: _____

Is this trip a core component of the curriculum or an enrichment experience? Core Curriculum Curriculum Enrichment

Relation to Curriculum (Unit of Study) _____

Itinerary and description of trip activities: _____

Number of students who may require medical attention: _____

Names of all faculty members and other adults who will be supervising: _____

Type of Transportation: _____ (attach quote)

Place of Departure: _____ Dept Time: _____ Return Time: _____

Signature of Nurse
[Provision has been made for medication and health issues in accordance with Policy 5141.21]

Signature of Requesting Teacher

Date of Submission

Approved by Board of Education _____

Signature: Supervisor _____ Date _____

Signature: Principal _____ Date _____

Signature: Superintendent of Schools or Designee _____ Date _____

White: Central Office

Yellow: Building Principal

FIELD TRIP COSTS

Transportation _____

Ticket/Entry Fee _____

Other _____

Total Cost _____

of Students _____

Price per Student _____

TIPS FOR BUS DRIVERS ARE PROHIBITED.