FRONTIER CENTRAL SCHOOL DISTRICT
5120 Orchard Avenue
Hamburg, NY 14075

EXCURSION REQUEST FORM

THIS FORM MUST BE TYPED AND SUBMITTED (90) DAYS PRIOR TO EXCURSION

This form should be used for:
1. Any trip which involves overnight travel;
2. Any trip beyond 2 ½ hours travel each way;
3. Any trip that takes place on a day in which school is not in session;
4. Any trip which is not directly related to the curriculum.

INSTRUCTIONS:

Requestor: Complete this form and forward to your Building Principal and/or Director of Health, Physical Education and Recreation along with the necessary certificate(s) of insurance for approval.

Principal/Director: After approval, please forward to Assistant Superintendent for Instruction for approval.

Assistant Superintendent for Instruction: After approval, submit to Board of Education for approval. After BOE approval, duplicate and distribute as follows: TWO copies to Transportation Supervisor; ONE copy to Teacher/Requestor; ONE copy to Building Principal; ONE copy retained by Assistant Superintendent for Instruction.

Submission Date: _____

1. Teacher/Group planning trip: _____

2. Date(s) of requested trip: _____
   a. Time leaving: _____
   b. Time returning: _____

3. Destination: _____ Phone: _____
   a. Estimated mileage one way: _____

4. Pupil grade level(s) _____
   a. Number of pupils _____

5. Educational purpose: _____

   _____

6. Pre-trip educational preparation: _____

   _____

7. Post trip follow-up plans: _____

   _____

CHAPERONES
Ratio: A minimum of one chaperone per ten students is required.

8. Supervising faculty: _____

   _____

   _____

9. Other responsible parties:

Name	Address	Position (i.e. parent, spouse, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. a. Will students be raising money for the trip? Circle one: Yes No
If so, how much and how? (See Board of Education policy 7450)

_____

_____

_____

b. Will school/activity pay? Circle one: YES NO

Estimate total cost of trip. Please itemize:

School Costs (supplies & equipment)		Per Student	
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
TOTAL	$_____		$_____

c. Will chaperones have to pay for anything? Circle one: YES NO

If so, how much? _____
For what? _____

_____

11. Will the trip retain the students overnight? Circle one: YES NO

How many nights? _____
Where? _____

a. Provide information and confirmation as to liability insurance coverage held by each motel, hotel, or place of accommodation and any limitations on such coverage. _____

_____

_____

b. Who will provide overnight supervision/security? _____

_____

12. Will substitute teacher be required? Circle one: YES NO How many days? _____

13. State mode of transportation requested:

    Frontier Central School bus _____

    Private car   _____

    Chartered bus   _____

    Other   _____

    a. ***When contracting with a private carrier you must notify the Frontier Transportation Department so that private carrier driver's information may be obtained.***

    b. If transportation is by private car or chartered bus, provide information and confirmation as to what liability coverage is available for bodily injury in the event of an accident per person/per accident and any limitations on such coverage.

14. Provide a complete list of the attractions to be visited, the locations of such attractions and the anticipated times of such visits.

15. For each such attraction, provide information and confirmation as to the operator's experience, licensing, safety record and liability insurance coverage available in the event of injury.

16. If swimming is involved, provide information and confirmation as to whether lifeguards will be present.

17. If a tour company is used, provide the name and address of the operators, and the information and confirmation as to their experience, licensing, safety record and liability insurance coverage in the event of injury.

18. Please attach the itinerary for the trip.

I have read the Frontier Central School District policy on field trips and make a commitment to comply with the stated policy.

Teacher Applicant: _____
                                                 (signature)

School: _____   Date of Application: _____

Director of Health, Physical Education and Recreation's Recommendation:

Approved: _____

Disapproved: _____

Date: _____

_____
              (signature)

Principal's Recommendation:

Approved: _____

Disapproved: _____

Date: _____

_____
              (signature)

Superintendent's Recommendation:

Approved: _____

Disapproved: _____

Date: _____

_____
              (signature)

Board of Education:

Approved: _____

Disapproved: _____

Date: _____