

# FIELD TRIP APPLICATION

FORM MUST BE TYPED

Submit all copies to the school office. Upon the approval of the Principal, all copies will be forwarded to the Assistant Superintendent's Office. Only upon the receipt of an approved copy from Central Office, should any preparations be initiated. Permission slips, signed by parents, are required. Principal and teacher copies will be returned by Transportation Department, which will verify bus costs.

## 1. Trip Request

a. School: **FHS** b. Group taking trip: **FHS Guidance** c. Organizer/Teacher/Advisor: **Karas** Phone # (W): **732-302-4200**

d. Teacher's Signature: \_\_\_\_\_

## 2. Destination/Itinerary

a. Name: **HOBY State Leadership Seminar** b. Contact Person: **Dana Karas** Phone #: **732-302-4200** d. Address: **Monmouth University, 400 Cedar Avenue, Long Branch, NJ 07764-1898** Itinerary (Purpose, activity, special requirements, provision for late return, etc.) Student will participate in a leadership seminar

## 3. Duration of Trip

a. Type of trip ☐ School day trip ☐ Extended day trip ☒ \*Overnight trip—if so, number of day **3 days, 2 nights**

b. Departure from School: Date: **June 10th** Time: **7:45 am** (Departure from student's home)

c. Arrival time from destination to school: Date: **June 12th** Time: **4:00 pm** (Arrival to student's home)

## 4. Attendees

 Student: **Ahjure Barnes-Williams**

a. # of teachers: **0** (list of names): b. # of Chaperones (not staff): **0** c. # of students: **1** d. # of others: Explain:  
e. Total number of attendees: **1**

5. Transportation a. Method of travel: **Car, family to provide transportation** b. Bus requirements (if necessary): # of school buses (54 psg.): **1** # of coaches (49 psg.): # of school vans (20 psg.): wheelchair accommodations?

## 6. Expenses

a. Est. bus costs: # Hours x # buses x \$ per bus hour \$ Total \$  
b. Other transportation costs  
c. Cost of Admission Fees  
d. Meals  
e. Lodgings  
f. Other Expenses Registration fee \$195.00  
g. TOTAL (a-f) \$195.00  
h. Transportation Account # to be charged #11-000-270-512- -

## 7. How will total cost (6g) be paid?

Amount paid: by school district \$195.00  
by students  
\*by other means

\*Explain (i.e., PTSO, etc.): **School to cover the registration cost, transportation to and from the seminar to be provided by student's family**

TOTAL (should = 6g)

## AUTHORIZATIONS:

Principal's Signature: Thomas F. D'Gardi Approved/Not Approved Date: 11-25-15

Director/Supervisor's Signature: [Signature] Approved/Not Approved Date: 11/24/15

Assistant Superintendent's Signature: [Signature] Approved/Not Approved Date: 12/1/15

\*Trips over 150 miles, involving air travel, or an overnight stay also require approval from the Board of Education in advance.

Board Secretary's Signature: \_\_\_\_\_ Approved/Not Approved Date: **December 22, 2015**  
9/2011 Exhibit C-03.b

FRANKLIN TOWNSHIP PUBLIC SCHOOLS

FIELD TRIP RATIONALE

School: FHS Teacher/Advisor: Karas

Organization/Class/Club: FHS Guidance-HOBY 2016

Please be advised that approval for this request will be predicated on the information provided.

Please inform the transportation department for bus purposes.

Please complete the following information:

Reason for Trip: ☐ Competition ☐ Exhibition ☒ Conference

Rationale: Student will participate in a leadership seminar.

# of district staff who will be accompanying trip: 0

# of chaperones requested: 0

# of students: 1

☒ Copy of permission slip attached

**This form must be attached to every Field Trip Application with the copy of the permission slip attached.**