

RE-6-6-19

0707-071219 FHS Freedman Po# 195944
Overnight

Field Trip Application

1: Trip Request: a. School: Franklin High School b. Group taking trip: Student Government
c. Organizer/Teacher/Advisor: Robert Freedman Phone# (w) 732-302-4200 x 4554

d. Teacher's Signature R Freedman

2: Destination/ Itinerary a. Name Johnsonburg Camp b. contact person: Elizabeth Riley
c. Phone: (732)-745-9330 d. address: 822 County Road 519, Johnsonburg, NJ 07825
e. Itinerary (Purpose, activities, special requirements, provision for late return, etc)
Lead for Diversity 2019- Youth Leadership Institute

3: Duration of Trip

a. Type of Trip ☐ School Day Trip ☐ Extended Day Trip ☒ Overnight trip—if so, number of days 6
b. Departure from School: Date 7/7/19 Time: 7am Bus
c. Arrival time from destination to school: Date 7/12/19 Time Bus Provided

4. Attendees a. # of teachers 2 (list names): Robert Freedman, Stephen Foster
On Advisor Day

b. # of Chaperones (not staff): - c. # of students 4 d. # of others -
e. Total number of attendees 4

5. Transportation a. Method of travel bus b. Bus requirements (if necessary): # of school buses (54 psg.) -
of coaches (49 psg.) - # of school vans (20 psgs.) - wheelchair accommodations? -

6. Expenses

a. Est bus costs: #HR's <u>-</u> x # of buses <u>-</u> x \$ per bus hr <u>---</u> = Total	ACD
b. Other transportation costs <u>-</u> Bus Provided by American Conference on Diversity	<u>0</u>
c. Cost of Admission Fees <u>-</u>	<u>\$1,100</u>
d. Cost of Admission Fees.....Provided by BOE.....	<u>\$1,100</u>
e. Lodgings.....All Inclusive.....	<u>\$0</u>
f. Other expenses..... <u>For 2019 Camp Only</u>	<u>\$1,100</u>
g. TOTAL (a-f).....	<u>\$1,100</u>
h Transportation Account # to be charged #11-401-100-800-16-0332-000-050	NO BOE TRANS \$\$

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

Amount paid: by school district.....For 2019-Camp-Only.....	<u>\$1,100</u>
by students.....	<u>0</u>
* by other means.....	<u>0</u>

* (Explain: *) (i.e. PTO, etc.)

TOTAL (should = 6-g)..... \$1,100
AUTHORIZATIONS: Principal's Signature Frank Chmielewski Approved/Not approved Date: 6/5/19
Director/Supervisor's Signature: Debra Approved/Not approved Date: 6/7/19
Superintendent's Signature: Debra Approved/Not approved Date: 6/7/19

* Trips over 150 miles, involving air travel, or an overnight stay also require approval by the Board of Education in advance.
Board Secretary's Signature: _____ Board Approved/Not approved Date: _____

FRANKLIN TOWNSHIP PUBLIC SCHOOLS

FIELD TRIP RATIONALE

School: Franklin High School Teacher/Advisor: Robert Freedman

Organization/Class/Club: Student Government

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

Please complete the following information:

Reason for Trip: ☐ Competition ☐ Exhibition ☒ Conference

Rationale: Students will participate in: Lead for Diversity 2019

Annual Youth Leadership Institute to focus on addressing stereotypes and gender equity issues at Franklin High School.

These conferences are-

Lead for Diversity 2019-

July 7 to July 12

Johnsonburg Camp and Retreat Center-822 County Road 519, Johnsonburg, NJ 07825

Conference Sponsored by American Conference on Diversity

Cost of Conference- Annual Cost is \$3,000 paid through Student Government Misc. Line Item Account. For 2019 Camp Cost \$1,100 from Line Item Account. Remaining Portion paid through Private Contact from the American Conference on Diversity. May return to \$3,000 for 2020.

of district staff who will be accompanying trip: 2

of chaperones requested: -

of students: 4

X ☐ Copy of permission slip attached

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