

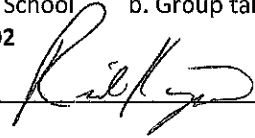
FIELD TRIP APPLICATION

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.

1. Trip Request

a. School: Franklin High School b. Group taking trip: **FHS Wrestling Team** c. Organizer/Teacher/Advisor: **Rick Kreiger** Phone # (W): **732-302-4200x6402**

d. Teacher's Signature: 

2. Destination/Itinerary

a. Name: **NJSIAA State Individual Wrestling Championships/Tournament** b. Contact Person: **Dan Danser** c. Phone #: **609-259-2776** d. Address: 1161 Rt. 130 No., Robbinsville, NJ e. Itinerary (Purpose, activity, special requirements, provision for late return, etc.) To compete at the NJSIAA State Individual Wrestling Tournament in Atlantic City, New Jersey

3. Duration of Trip

- a. Type of trip School day trip Extended day trip * Overnight trip—if so, number of day **3**
b. Departure from School: Date: 3/7/14 Time: **10:00** A.M.
c. Arrival time from destination to school: Date: 3/9/14 Time: **7:00** P.M.

4. Attendees

a. # of teachers: **3** (list of names): **Rick Kreiger, Daniel DiColo, Christopher McEvoy** b. # of Chaperones (not staff): **0** c. # of students: **5** d. # of others: **0** Explain: e. Total number of attendees: **8**

5. Transportation a. Method of travel: Automobile b. Bus requirements (if necessary): # of school buses (54 psg.): # of coaches (49 psg.): # of school vans (20 psg.): wheelchair accommodations required? Yes No

6. Expenses

a. Est. bus costs: # Hours	x # buses 0 x \$ per bus hour \$0.00	Total \$	\$0.00
b. Other transportation costs			\$0.00
c. Cost of Admission Fees			\$0.00
d. Meals			\$560.00
e. Lodgings			\$954.00
f. Other Expenses 3 coaches driving(mileage, GSP tolls, hotel, convention hall parking)			313.68
	g. TOTAL (a-f)		\$1,827.68

h. Transportation Account # to be charged	#11-000-270-512-	-	\$0.00
Student Activities Account # to be charged	# - - - - -	-	\$0.00
List Account # to be charged	#11-402-100-800-16-0208		\$1,514.00
	#11-402-100-800-16-0208-904		313.68

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

Amount paid: by school district	\$1,827.68
by students	\$0.00
*by other means	\$0.00

*Explain (i.e., PTSO, etc.): **type explanation**

TOTAL (should = 6g) **\$1,827.68**

AUTHORIZATIONS:

Principal's Signature:  Approved/Not Approved Date: 1/9/14

Director/Supervisor's Signature:  Approved/Not Approved Date: 1/9/14

Assistant Superintendent's Signature:  Approved/Not Approved Date: _____

*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: _____

FRANKLIN TOWNSHIP PUBLIC SCHOOLS
FIELD TRIP RATIONALE

School: Franklin High School Teacher / Advisor: Rick Krieger

Organization / Class / Club: FHS Wrestling Team

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: To compete at the NJSIAA State Tournament for Wrestling in Atlantic City, New Jersey.

#of district staff who will be accompanying trip: 3

#of chaperones requested: 0

#of students: 5

Total number attendees: 0