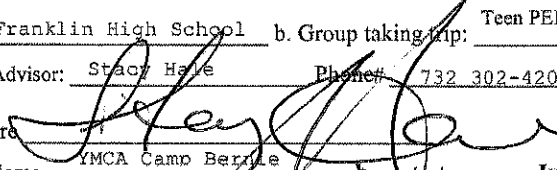


061014. FNS. Hale
PO # 144145

Franklin Township-Field Trip Application

1: Trip Request: a: School: Franklin High School b. Group taking trip: Teen PEP
 c. Organizer/Teacher/Advisor: Stacy Hale Phone#: 732 302-4205
 d. Teacher's Signature: 
 2: Destination/ Itinerary a. Name: YMCA Camp Bernice b. contact person: Julie Jester

c. Phone: 908-832-5315 d. address: 327 Turkey Top Road Fort Murray, NJ 07865
 e. Itinerary (Purpose, activities, special requirements, provision for late return, etc)
2014-15 Teen PEP Summer Retreat

3: Duration of Trip

a. Type of Trip School Day Trip Extended Day Trip Overnight trip—if so, number of days _____
 b. Departure from School: Date 6/10/14 Time: 8:30am
 c. Arrival time from destination to school: Date 6/11/14 Time: 3:00pm

4. Attendees a. # of teachers 2 (list names): Nikki Inzano, Ken Margolin

b. # of Chaperones (not staff): _____ c. # of students 22 d. # of others _____
 Explain _____ e. Total number of attendees 24

5. Transportation a. Method of travel _____ 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 4 x # of buses 1 x \$ per bus hr 72.54 = Total 290.16
 b. Other transportation costs
 c. Cost of Admission Fees \$1936.00
 d. Meals.....
 e. Lodgings.....
 f. Other expenses..... \$2226.16
 g. TOTAL (a-f).....
 h. Transportation Account # to be charged # 11-000-270-512-12-0124

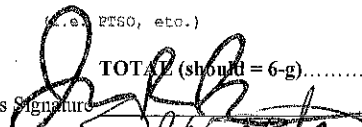
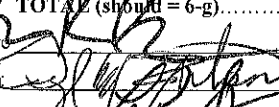
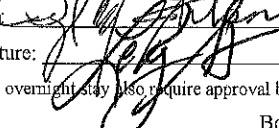
7. How will total cost (6-g) be paid?

Amount paid: by school district..... 290.16
 by students.....
 * by other means, FTWP, Municipal Alliance..... \$1936.00

*(Explain: _____)

F. Almief

TOTAL (should = 6-g)..... \$2226.16

AUTHORIZATIONS: Principal's Signature:  Approved/Not approved Date: 4/14/14
 Director/Supervisor's Signature:  Approved/Not approved Date: _____
 Superintendent's Signature:  Approved/Not approved Date: 4/8/14

* 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: Stacy Hale, SAC

Organization/Class/Club: FHS 2014-15 Teen PEP

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: **Teen PEP 2014-15 Summer Retreat June 10-11, 2014**

These conferences are: (Provide conference title, dates and location)

Camp Bernie
327 Turkey Top Rd.
Port Murray, NJ

2014-2015 Teen PEP Retreat

of district staff who will be accompanying trip: 2

of chaperones requested: 0

of students: 20

Copy of permission slip attached

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