CHAPERONES

FIELD TRIP REQUEST

Local (within the state, leaving and returning on the same day) field trip requests must be submitted to the Superintendent's Office at least 30 days in advance.

Overnight, out-of-state or international trips must be submitted at least 60 days in advance and require Board of Education approval. International trips should be scheduled during the recess times designated on the school calendar.

Completed forms should be emailed to trips@albany.k12.ny.us. If you have any questions while completing this form, please contact the Superintendent's Office at (518) 475-6010.

Our full Board of Education policies and regulations regarding field trips are available online. ▲ School name ▲ Staff member in charge of trip ▲ Date of request TRIP INFORMATION ▲ Destination ▲ Date(s) of trip ▲ Number of students ▲ Grade(s) ▲ Destination street address ▲ City ▲ Zip ▲ State ▲ Departure time from school ▲ Arrival time at destination ▲ Departure from destination ▲ Arrival returning to school Please describe the educational purpose below. Please note, requests for trips to amusement parks will be declined. **MEDICAL NEEDS** ▼ Please specify any medical needs or concerns (medicine, nurse chaperone, wheelchair, etc.) for students and chaperones. **COST & FUNDRAISING** ▲ Grand total cost of trip ▲ District-funded amount ▲ Fundraiser contributions ▲ Final cost per student Note that field trips exceeding \$500 per student must include fundraising activities organized by the coordinator to insure that all students who are interested in participating will be able to attend. ▼ Please describe how students will be able to attend if they are unable to afford the trip.

▼ Please list all chaperones below (including staff and parents/guardians). There must be at least 1 chaperone per 15 students.

DOCUMENTS ON FILE		
By signing below, as the staff member in charge, you A copy of parental permission slips including pho Procedures for if students become ill or causes di result in a student being sent home at parental e A list of every individual attending the trip (include maintained by the staff member in charge of the	ne numbers to contact parents/guardians scipline problems (including an explanation xpense) ling students, staff and chaperones); a copy	in case of emergency on of disciplinary issues which will
▲ Staff member in charge (print name) ▲ Sta	ff member in charge (signature and date)	▲ Cell number (for emergencies)
TRANSPORTATION		
☐ Walking/CDTA ☐ Yellow Bus (only for local to	rips leaving after 9 a.m. and returning befo	re 2 p.m.) Charter Bus
The questions below are only for trips requesting yell handled by the district's Transportation Departme personnel. District offices will work directly with the base Budget code A Please list any management of the property of the propert	ent, and under no circumstance should arra	angements be made by school plete the shaded section.
THIS SECTION FOR DISTRICT OFFICE USE ONLY A Total cost A B	us service provider	▲ Routing number
APPROVALS		
▲ Principal signature and date	▲ Assistant Superintendent signature	and date
OVERNIGHT, OUT-OF-STATE, OR I	NTERNATIONAL TRIPS	
	ONLY FOR OVERNIGHT, OUT-OF-STATE BE COMPLETED FOR LOCAL FIELD TR	
Insurance certification from the travel agent covering additional insured is required for all out-of-state or in		
▲ Travel agency name	▲ Travel agency contact's name	▲ Travel agency phone number
▲ Travel agency address	▲ City	▲ State ▲ Zip

▲ Board president signature and date

lack Superintendent signature and date