

HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT

FIELD TRIP REQUEST FORM

**All field trip requests must be approved by the Board of Education.**

- All field trip requests must be turned in at least three (3) weeks prior to the trip.
- Call the transportation office two (2) days before the trip date to confirm arrangements.
- Keep day trips between the hours of 9 am and 2 pm.

Date of Trip \_\_\_\_\_ Whippany Park \_\_\_\_\_ Hanover Park \_\_\_\_\_

Class or Group Participating \_\_\_\_\_

Destination - Give Full Name and Address (Include all stops) \_\_\_\_\_

Purpose of trip in relation to class work or activity \_\_\_\_\_

Number of students: \_\_\_\_\_

Number of Buses needed: \_\_\_\_\_

Time of departure from school: \_\_\_\_\_

Time of return to school: \_\_\_\_\_

Meal arrangements: \_\_\_\_\_

Cost per students: \_\_\_\_\_ How is cost being covered? \_\_\_\_\_

Do any classified students require additional assistance? If yes, identify: \_\_\_\_\_

Do any students require special medical assistance? If yes, identify: \_\_\_\_\_

Adult supervision:

Males: \_\_\_\_\_  
\_\_\_\_\_

Females: \_\_\_\_\_  
\_\_\_\_\_

Substitute Needed? \_\_\_\_\_ Teacher needing coverage \_\_\_\_\_ Periods \_\_\_\_\_

Teacher needing coverage \_\_\_\_\_ Periods \_\_\_\_\_

*I have read the faculty guide section regarding field trips and certify that the application meets all criteria.*

Teacher signature \_\_\_\_\_

Date \_\_\_\_\_

**Teacher obtains the following approval before submitting to the Board of Education.**

Nurse's Signature \_\_\_\_\_

Date \_\_\_\_\_

Principal's Secretary Signature \_\_\_\_\_  
*(for calendar and substitute purposes)*

Date \_\_\_\_\_

Transportation Approval \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_

Board of Education Approval \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*