

ESSEX COUNTY VOCATIONAL TECHNICAL SCHOOLS
Field Trip Request Form

FIELD TRIP MUST BE SUBMITTED FOR APPROVAL AT LEAST 45 DAYS BEFORE THE BOARD MEETING

REQUESTED BY (Full Name): _____ SCHOOL/AGENCY: _____ _____	CLASS/ CLUB/ TEAM/ GROUP: _____ PERSON(S) SUPERVISING THIS TRIP (Phone No. or Ext.): _____ _____																																																		
TRAVEL INFORMATION (Please include address AND contact number)																																																			
DESTINATION: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE#: _____																																																			
**Will there be any additional stops for food? __ Yes __ No (If yes, please provide name and address) **Superintendent Approval _____																																																			
DEPARTURE FROM SCHOOL	ALTERNATIVE DATE (or RAIN Date)																																																		
DATE: _____ TIME: _____	DATE: _____ TIME: _____																																																		
PICK UP FROM DESTINATION	PICK UP FROM DESTINATION																																																		
DATE: _____ TIME: _____	DATE: _____ TIME: _____																																																		
Transportation: (Check One) YES__ NO__ IF YES, WHAT TYPE? _____ OTHER/DESCRIBE- IF WHEELCHAIR ACCESSIBLE: _____																																																			
TOTAL NUMBER IF STUDENT(S): _____ TOTAL NUMBER OF CHAPERONE(S): _____																																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">9th</th> <th style="width: 15%;">10th</th> <th style="width: 15%;">11th</th> <th style="width: 15%;">12th</th> </tr> </thead> <tbody> <tr> <td>NO. OF STUDENTS:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">COST TO STUDENT</td> <td colspan="3" style="text-align: center;">COST TO BOARD</td> </tr> <tr> <td>TRANSP. \$</td> <td></td> <td>TRANSP. \$</td> <td></td> <td></td> </tr> <tr> <td>ADMIS. \$</td> <td></td> <td>ADMIS. \$</td> <td></td> <td></td> </tr> <tr> <td>MEAL \$</td> <td></td> <td>MEAL \$</td> <td></td> <td></td> </tr> <tr> <td>OTHER \$</td> <td></td> <td>OTHER \$</td> <td></td> <td></td> </tr> <tr> <td>TOTAL: \$</td> <td></td> <td>TOTAL: \$</td> <td></td> <td></td> </tr> </tbody> </table>		9th	10th	11th	12th	NO. OF STUDENTS:					COST TO STUDENT		COST TO BOARD			TRANSP. \$		TRANSP. \$			ADMIS. \$		ADMIS. \$			MEAL \$		MEAL \$			OTHER \$		OTHER \$			TOTAL: \$		TOTAL: \$			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">NAME</th> <th style="width: 40%;">PHONE#</th> </tr> </thead> <tbody> <tr> <td>1 _____</td> <td>/ _____</td> </tr> <tr> <td>2 _____</td> <td>/ _____</td> </tr> <tr> <td>3 _____</td> <td>/ _____</td> </tr> <tr> <td>4 _____</td> <td>/ _____</td> </tr> </tbody> </table> <p style="text-align: center;"><i>Please use p.2 for additional chaperones.</i></p>	NAME	PHONE#	1 _____	/ _____	2 _____	/ _____	3 _____	/ _____	4 _____	/ _____
	9th	10th	11th	12th																																															
NO. OF STUDENTS:																																																			
COST TO STUDENT		COST TO BOARD																																																	
TRANSP. \$		TRANSP. \$																																																	
ADMIS. \$		ADMIS. \$																																																	
MEAL \$		MEAL \$																																																	
OTHER \$		OTHER \$																																																	
TOTAL: \$		TOTAL: \$																																																	
NAME	PHONE#																																																		
1 _____	/ _____																																																		
2 _____	/ _____																																																		
3 _____	/ _____																																																		
4 _____	/ _____																																																		
ATTENTION: IS A DOWN PAYMENT/DEPOSIT REQUIRED? IS SO, HOW MUCH? BY WHEN? – THIS INFO SHOULD APPEAR ON REQ																																																			
SCHOOL PRINCIPAL	SUPERINTENDENT																																																		
AUTHORIZED BY:	AUTHORIZED BY:																																																		
(NAME) (DATE)	(NAME) (DATE)																																																		
	DIRECTOR OF CURRICULUM & INSTRUCTION																																																		
	AUTHORIZED BY:																																																		
	(NAME) (DATE)																																																		

