Request for Approval for Overnight or Foreign Travel Field Trip (K-12)

Category III

Marple Newtown School District

MUST BE SUBMITTED SIXTY (60) DAYS PRIOR TO THE PLANNED TRIP

School	Grade (s)	Date Submitted to Principal
Person (s) Requesting Approval		Organization or Club
Destination-complete address		Date(s) of Trip
Time of Departure		Time of Return
IC A.D. 2		
Information AR-2)		
	Extracurri	cular:
Nature of Trip: Curricular: How many pupils involved?		cular:How many adults?

Transportation provided or paid by:	Activity provided or paid by:			
District Activity Fee	District Activity Fee			
Athletic Department	Athletic Department			
Special Education Department	Special Education Department			
PTO	PTO			
Students	Students			
Other (Explain)	Other (Explain)			
Total cost to pupil for transportation: To	otal cost to the district for transportation:			
Total cost to pupil for Activity: Total cost to the district for Activity:				
If no cost to the pupil or district-state reason:				
Is a nurse or aide required to attend the trip?yesno				
**If yes, the form is sent to the Office of Pupil S	Services after Principal's signature.			
Fundraising Campaign:yesno				
Items to be sold: Cost:				
Start date: End date:				
Overnight location(s)				
Insurance in the amount of \$liability, \$medical, and \$trip cancellation is in force for each student as required by district policy.				
Insurance firm:				
Tentative Itinerary: A copy is attachedye Final itinerary must be filed with the Principal				

No 121-AR-1 (Category III) Approved September 2017

Principal's Signature of Approval	Date
Director of Pupil Services/Supervisor of Spec. Ed Signature of Approval (If applicable)	Date
Assistant Superintendent's Signature of Approval	Date
Superintendent's Signature of Approval	Date
Transportation Confirmation/Approval	Date