

**Buffalo-Hanover-Montrose Public Schools**  
**Optional Field Trip/Overnight and/or Out-of-State Trip Form**

Group Making Request \_\_\_\_\_

Person in Charge \_\_\_\_\_ School \_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ Overnight  
\_\_\_\_\_ Out-of-State or \_\_\_\_\_ International (requires 2-step approval from School Board)

1. Destination: \_\_\_\_\_

2. Dates of Trip: \_\_\_\_\_ Number of School Days Missed: \_\_\_\_\_

3. Number of Students: Male \_\_\_\_\_ Female \_\_\_\_\_

4. Grade Levels Included: \_\_\_\_\_

5. Supervision requirements: one adult for every 12 students. Same gender chaperone must be included for each gender participating.

a. Staff Accompanying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Other Adults Accompanying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Describe the purpose and objectives of the trip:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Cost Factors:

a. Trip funded by:

1. School Account

2. Individual student

b. Cost per person \_\_\_\_\_

- c. What provision has been made for students with financial difficulties? Fund raising activities conducted?

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- d. What efforts have been made to acquire the most cost effective price?

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- e. Faculty members may not receive any salary remuneration relating to field trips from outside agencies or arrange trips for financial gain. Is a portion of the funds provided by students paying for or reducing chaperone costs? YES \_\_\_\_\_ NO \_\_\_\_\_

- f. Insurance Issues

- a. Will students need additional medical insurance coverage? YES \_\_\_\_\_ NO \_\_\_\_\_  
b. Is group tour insurance being purchase? If so, what is the coverage and cost?

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8. Transportation Information: How will students be transported?

- a. Bus \_\_\_\_\_ Name of Company \_\_\_\_\_  
b. Plane \_\_\_\_\_ Name of Airline \_\_\_\_\_  
c. School District van(s) \_\_\_\_\_  
d. School District not responsible for transportation \_\_\_\_\_  
e. Other – explain \_\_\_\_\_

9. Communication - Please attach a copy of the trip itinerary. Include parental and student input in the planning process and all parent meetings conducted to ensure full disclosure of the trip and associated topics to include but not limited to: purpose of the trip, cost (to include spending money), fund raising, adult chaperones, emergency telephone numbers, medical insurance needs, procedure for sending a student home in case of an emergency (medical, disciplinary, etc.) and itinerary.

Person in Charge Signature \_\_\_\_\_ Date \_\_\_\_\_

Activities Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

For out-of-state/international trip:

Staff Member who will present at School Board meeting \_\_\_\_\_

School Board Meeting Presentation Date for Preliminary Approval:

(Out-of- State at least 90 days before trip) \_\_\_\_\_

(International at least 180 days before trip) \_\_\_\_\_