Pittsford Schools

Field Trip Approval Form (Athletic/Secondary)

This form must be filled out for every district field trip. Complete and submit at least three months in advance for an overnight, out of state or out of country trip and 30 days for a day trip.

Date of application:	School Requesting Trip:		
Date(s) of trip:			
	ithout missing instructional time ith missing instructional time		
Type of field trip: Class/Club/Team Nan	ne Participating in the Trip:		
Reason for Trip:			
Trip Initiator(Teacher/Advisor/Coach):			
First Name	Last Name		
Trip Initiator Email:			
Number of substitute teacher(s) to be needed for the date(s) of the trin?			

TRIP LOGISTICS

Have both the district and building calendars been checked for conflicts? □Yes □No				
Identify conflicts:				
Trip Destination Address: (if overnight trip, provide name and address of overnight lodging) Name: Street Address:				
City:	State:	Zip:		
Date(s) of Departu Time(s) of Departu Date(s) of Return t Time(s) of Return Estimated round to	re from School: o School: to School:			
Estimated Number of Students participating in trip: Estimated Number of PCSD Chaperones participating in trip: Estimated Number of Parent Chaperones participating in trip:				
Are you aware of t medication?	he process for accommodating s	stering, distributing and securing tudents with IEP's, allergies, and/		
Is trip insurance a □Yes	vailable for this trip? □No, Explain			
□Pitt □Nor	plane			

TRIP COSTS - Expenses

Are you aware of any students who may require alternative financial support in order to attend?

Estimated trip cost per student: \$
Additional costs per student (spending money, event fees, food, gratuities, etc):\$
Estimated Trip Insurance fee per student (if applicable): \$

TRIP FUNDING - Payments

Student payments will be made to:

Please describe any fundraising (if involved):

Supervision of Overnight, Extended, Out-of-State, Out-of-Country Trips

Name of Tour Company used to manage trip: Date of Parent Informational Meeting: Date of Chaperone Meeting:

Supervision Details i.e. baggage checks, curfews, room check-ins, non-direct supervision activities:

Trip Adviser agrees to provide the Code of Conduct during the mandatory parent meeting and will obtain confirmation that all participants have read and agree to the code of conduct Policy 8460:The District Code of Conduct applies to all participants at all times during a trip. Participation by students or adult supervisors may be terminated for a violation of the Code of Conduct during the trip. All expenses arising out of such an infraction, including travel expenses back to school and damage to property, are the responsibility of the student's parents, or in the case of an adult supervisor, that individual.

Trip Advisor Initials:

Trip Advisor will provide participants with the field trip cancellation policy and will obtain confirmation that all participants have read this policy.

Policy 8460: The Superintendent or designee reserves the right to cancel a field trip, particularly if security and safety is in doubt.

Trip Advisor Initials:

Curricular / Instructional
Instructional Objectives (Be specific, include outcomes, desired proficiency level and how you will measure the standards and district curriculum goals it meets.):

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Preparation Activities (How will the student be prepared activity?):	to for the trip as an instructional		
On Trip Activities (What instructional activities will occu	ır on the trip?):		
Follow-Up Activities (Upon return, what activities will oc determine if the objectives were achieved?):	cur to enrich the experience and to		
What instructional provisions have been made to help p that they will miss?	articipants keep up with other classes		
What specific plans have been made for the continued in not participate in the field trip?	nstruction of those students who will		
Other remarks about trip not included in any of the above fields:			
Approvals:			
Building Principal Initials:	Date:		
Director Initials:	Date:		
Superintendent Initials:	Date:		