

Rumson School District
Field Trip Authorization Form

No child may go on a trip unless a parent/guardian has provided written permission.

No staff member is permitted to make transportation arrangements including the hiring of buses.

Each bus must be chaperoned by at least one staff member.

**(NOTE: A COMPLETE ROSTER OF STUDENTS ATTENDING THE TRIP MUST BE SUBMITTED
TO THE MAIN OFFICE AND NURSE'S OFFICE PRIOR TO THE TRIP'S DEPARTURE)**

Requested by:		Date:	
Date of Trip:	Group/Grade:	No. of Pupils:	
No. of Special Needs Pupils:	Nurse Needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Nurse's Initials:	
Trip Description: (Exact Address and Title of Performance/Event):			
Purpose of Trip/State Related Core Curriculum Standards:			
Accommodations Needed (Nurse/Other):			

Time Leaving:		Time Returning:
Cost per Student:	Method of Travel:	Handicapped Access Needed:
Number and Names of Staff Members Attending Trip:		Number and Names of Parents Attending Trip*:

***Volunteer Form must be submitted**

Request for Coverage (Chaperones)

STAFF	SUB	INTERNAL	NONE

Sponsoring Teacher's Signature

Principal / Supervisor Signature

Date

FOR OFFICE USE ONLY

(Must be completely filled in prior to submission to District Office)

Vendor:

Deposit Amount: \$ _____ (A) Deposit Due Date: _____

Payable to: _____

Balance due to Vendor: \$ _____ (B) Date Due: _____

Transportation:

Amount due: \$ _____ (C) Due Date: _____

Payable to: _____

Bus Driver Tips:*

Bus Drivers: _____ Amount for EACH Tip Check: \$ _____ Total Amt for tips: \$ _____ (D)

Bus Driver Tip Check #: _____ Payable to (Driver Name)**: _____

Bus Driver Tip Check #: _____ Payable to (Driver Name)**: _____

Bus Driver Tip Check #: _____ Payable to (Driver Name)**: _____

Bus Driver Tip Check #: _____ Payable to (Driver Name)**: _____

Bus Driver Tip Check #: _____ Payable to (Driver Name)**: _____

Due date: _____

Substitute Nurse:

Secured: _____ (Agency Name) Date Secured: _____

Cost: _____ (E)

Other: Other Associated Items/Costs are to be listed out below:

Total Other Costs: \$ _____ (F)

Add lines A-F: \$ _____ Divide by # students: _____ = Cost/student: \$ _____

** Please leave the payable line blank for the school office to fill in on the date of the trip when the drivers arrive.

Helfrich doesn't assign drivers until the morning of the trip. Driver's names/check numbers will be given to JoAnn after buses depart school