

Attached is the Field Trip Request  
for the Marching Eagles trip to  
Ireland in 2018 (March)

- Exact information is not yet available
- Itinerary attached is the one from our  
trip in 2013

Cindy Scheid

approx. Cost per student  
\$ 2200. -

Boosters will cover approx. <sup>s</sup>1,000. -  
per student towards  
this cost.

(~~copy~~)



Transportation ID # \_\_\_\_\_

## WARREN COUNTY SCHOOL DISTRICT FIELD TRIP REQUEST FORM

The Field Trip Request Form must be received for processing no later than three (3) weeks prior to the departure date.

☐ BWMS ☐ WAEC ☐ WAHS ☐ WCCC ☐ EES ☐ EMHS ☒ YEMS ☒ YHS ☐ SAES ☐ SAMHS ☐ LEC

### SECTION A - TRIP REQUEST INFORMATION (Policy 9635 Field Trips)

☐ Day Field Trip☐ Overnight Field Trip☐ International Field Trip

Teacher	Cynthia Scheid	Phone #	814-563-7573
Class / Club or Team	Marching Eagles	Grade(s)	
Number of Students	40	Number of Adults	25
		Number of Chaperones	25
Destination	Ireland		
Date(s) of Trip	March 2018	Name of Event	St. Patrick's Day Parade
Departure Time		Return Time	

☐ Itinerary Attached☐ Student Roster Attached

### SECTION B - STUDENT INFORMATION

Will there be handicapped students or adults participating in the field trip who require special transportation or accommodations?

☐ Yes ☒ No

Will there be a student with a medical diagnosis that will require a parent or nurse to attend the field trip?

☐ Yes ☐ No

Certified School Nurse Signature \_\_\_\_\_

\*Unable to determine at this time 3/16/16

### SECTION C - EXPENSES

- Covered by the boosters

Nurse Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent will attend
EXPENSE INFORMATION	District	Building
	Student	Grant
	Club	Sponsor
Nurse Costs	\$	BUN/Holding Acct. #:
Substitute Costs	\$	BUN/Holding Acct. #:
Incidental Costs	\$	BUN/Holding Acct. #:
Miscellaneous Information (Sponsor Name, PTO/Boosters, School to Work, Grant Name, etc.)		
Total Costs (include all costs indicated above) \$		

### SECTION D - TRANSPORTATION

- Buses to get us to airport and back will be arranged by Boosters

Bus Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	Van Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	Walking Trip	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How many _____		How many _____		
Bus Arranged by:	Field Trip Planner	Contractor Name:			
	Transportation Dept.				
Transportation Costs	\$	BUN/Acct:			

## PROCESSING

- ☐ Submit Field Trip Request Form

Attach the following

- Student Roster
- Itinerary
- Volunteer List

*not available yet / attached is an Itinerary from previous trip*

**Send Parent Permission and Student Medical Form home with student after principal approval is received.**

- ☐ Principal Approval

Initials

Initials *AS*

- ☐ Nurse Dept Review *Three (3) weeks prior to event*

- Nurse will review Field Trip Request along with student roster

Initials

- All Medical Request forms will be sent to Mrs. Louise Tharp

- ☐ Central Office Volunteer Clearance Approval

Initials

- ☐ Transportation Department Review

Initials

- ☐ Central Office Approval

Initials

- ☐ Board Approval (when necessary)

Initials

- ☐ Parent Permission Form

Initials

- Field trip planner will distribute to students following approval

- ☐ Nurse will review Field Trip Permission forms

Initials

## ACT 153 of 2014

*not available yet*

Volunteer (Direct Contact) Clearance Information - Field trip planner will list volunteers and Central Office will confirm clearances.

*Recommend one chaperone for every ten (10) students*

VOLUNTEER	ACT 34	ACT 151	ACT 114

## Central Office Review of Volunteer Information

Signature

Position/Title

Date

## SECTION E - TRIP APPROVAL

Principal	<i>AS</i>	Date	12/9/16
Director		Date	
Superintendent		Date	
Date of Board Approval (if applicable)			