

## 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)\*\*: \_\_\_\_\_

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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