

ATTACHMENTS: Appendix A

Foreign Field Trip Proposal

(Proposal MUST be submitted 4 months prior to travel dates)

Date: _____

School:

- Division Avenue High School
- MacArthur High School

Principal: _____

Administrator/Teacher(s): _____

Dates of Proposed Travel: _____

Proposed Country/Countries to be visited:

Rationale:

Approximate Number of Students: _____

Approximate Number of Chaperones: _____

Approximate cost per person (including travel, accommodations and meals): \$ _____

Mode of Travel: _____

Proposed Travel Agency: _____

I support this travel proposal which is to be considered for approval by the Levittown Public Schools Board of Education. I understand that an administrator will be available to accompany this group if final approval for travel is granted.

Principal Signature: _____ Date: _____

Asst. Superintendent for Instruction Approved: _____ Date: _____

Superintendent:

- Approved
- Denied

Board of Education:

- Approved
- Denied

Date: _____

Date: _____

ATTACHMENTS: Appendix B

Foreign Field Trip Application

Submitted to Department of Instruction for approval by the Superintendent and Board of Education no later than ten (10) weeks before departure date

Trip requests submitted outside the deadline will not be approved, no exceptions

Please type or print clearly and complete all sections. Information for completing this form is located on the back of this document. Please review the time frame for submitting requests for approval.

Faxed copies will not be accepted.

School:

- Division Avenue High School
- MacArthur High School

Submitted by: _____ Date Submitted: _____

Principal: _____ Date Approved: _____

Destination(s) (list all that apply):

Tour/Travel company supervising:

Departure date: _____ Return date: _____

Transportation modes (attach list with all that apply including travel to and from country (ies) visited)

Chaperones (attach list with names and whether school personnel or parent)

Items attached:

Trip Itinerary ___ Previously approved Foreign Travel Field Trip Proposal: ___

Completed Trip Checklist: ___ Other: ___

Department of Instruction received proposal on this date: _____

Asst. Supt. For Instruction Approved: _____ Date: _____

Superintendent:

- Approved
- Denied

Board of Education:

- Approved
- Denied

Date: _____

Date: _____

ATTACHMENTS: Appendix C**Foreign Field Trip Checklist**

This checklist must be submitted with the Foreign Travel Field Trip Form before any foreign travel can be approved by the Board of Education

Action	Date Complete
Discuss field trip plan with principal	
Secure Travel Planner or Tour Company	
Complete Foreign Travel Field Trip Proposal and submit to the Department of Instruction	
Superintendent approval of Proposal	
Board of Education approval of Foreign Travel Field Trip Proposal	
Student/parent meeting about trip	
Foreign Travel Field Trip Application submitted to Department of Instruction	
Superintendent approval of Foreign Travel Field Trip Application	
Board of Education approval of Foreign Travel Field Trip Application	

Action	Trip Plan Checklist Date Complete
Student/parent meeting	
Passports	
Trip Itinerary	
Transportation	
Lodging	
Chaperones	
Chaperones with students group assignments	
Funding	
Safety Plan	
Medical issues	
Releases Signed	
Written Authorization to Participate Signed by Parents or Legal Guardians	

ATTACHMENTS: Appendix D

Foreign Field Trip Parental Consent Form

To: Superintendent of Schools

From: _____
(Print name of student)

I hereby authorize, consent and give permission to the Levittown Public School District to allow the above named student to accompany other students on a supervised trip to _____ to take place on _____ and to participate in activities authorized by school faculty member(s) or administrator(s) to be conducted at such location.

I recognize that this is a non-curricular educationally related trip and therefore all school policies governing student conduct and behavior apply. Students will be expected to follow all guidelines related to the possession or use of drugs and alcohol. In addition, students will be expected to follow any further rules or regulations established by the administrator in charge, including room checks.

Students in violation of District policy on drugs and alcohol will automatically be sent home and violation of other policies governing student conduct and behavior may have the same consequence. Parents will be notified so that they may make necessary transportation arrangements.

I agree that in the event that it is necessary to send my child home as a result of his/her conduct, I will be responsible for all expenses incurred in connection with his/her transportation home. The District will be responsible for escorting the student to the check-in area in these instances, and where possible, have an airline representative escort the student onto the airplane. The District may take disciplinary action as well, including but not limited to out of school suspension and suspension from extracurricular activities and/or field trips.

I further acknowledge and agree that if, for any reason, the trip is cancelled or the student does not participate, the school district will not be responsible for any monetary refund(s) or other monetary damages thereby occasioned.

Times and safety checkpoints are itemized on the field trip itinerary attached to this form. Before any student is allowed to go on the field trip, the student and the parent(s) or guardian(s) must return this signed consent/release form along with a signed itinerary. This will insure that we know that you are fully aware of the opportunities you and your child will have as well as the responsibilities that you and they have for acting in a safe and responsible manner. You also need to complete and submit the attached medical form in case an emergency occurs.

There is always an element of risk involved in a student's participation in an off-campus field trip. By signing this consent form, I recognize that there is a risk my child may be injured during the course of the trip and hereby release Levittown School District from any liability arising out of any injury to my child during the field trip.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Student Signature: _____ Date: _____



ATTACHMENTS: Appendix E

Parental/Guardian Emergency Contact Form

State of New York)

)ss:

County of)

Student Name

I _____ give permission for _____
(Name of Parent/Legal Guardian) (Name of Student)

to attend the following trip: _____

- Attached is a list of any additional special conditions concerning this trip and any required medical equipment and supplies.

I understand that the leaders/chaperones will make every attempt to reach me in the event emergency treatment is necessary; I give the trip leaders/chaperones the right to transport and authorize medical treatment on behalf of my child.

My child's physician is:

Name: _____

Address: _____

Telephone #: _____

Two Emergency Contacts:

Name: _____

Address: _____

Telephone #: _____

Name: _____

Address: _____

Telephone #: _____

My child has the following medical conditions that would interfere with his/her participation on this trip:

My child takes the following medication(s): _____

I will make arrangements for him/her to receive his/her medication, as required.

- My child and I have read and understand the School District's Code of Conduct. We agree to abide by these rules.

Foreign travel trips must include a copy of the student's passport, immunization records, medical history form and any other requirements.

I _____ (Parent/Legal Guardian) hereby covenant and agree to release and hold harmless the Levittown Public School District from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the

_____ (Name of Trip)

Parent or Legal Guardian

Date

Sworn to before me this _____

Notary Public

Date

