



# Policy #8462

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Instruction

## 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



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## 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: \_\_\_\_\_



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**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

<b>Action</b>	<b>Date Complete</b>
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	

**Trip Plan Checklist Action**

<b>Date Complete</b>	<b>Trip Plan Checklist Action</b>
	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



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**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