

BELLMORE-MERRICK CENTRAL HIGH SCHOOL DISTRICT

FIELD TRIP REQUEST

MEPHAM HIGH SCHOOL

- *NOTE:** 1. REQUESTS FOR FIELD TRIPS MUST BE SUBMITTED ONE MONTH PRIOR TO PLANNED TRIP.
 2. YOUR ABSENCE MUST BE ENTERED IN *AESOP* AND THE *CONFIRMATION #* MUST BE NOTED BELOW.
(a substitute is required for absences of 3 periods or more)

REQUISITION #:		REQUISITION DATE:		TRIP REQUESTED BY:	
TYPE FIELD TRIP (<i>check one</i>):	ATHLETIC TRIP		CO-CURRICULAR TRIP		
DATE of TRIP:	TYPE of TRANSPORTATION:				
DESTINATION:					
ADDRESS					
CITY, STATE & ZIP					
	TIME OF DEPARTURE FROM MEPHAM:				
	TIME OF ARRIVAL AT TRIP SITE:				
	TIME OF DEPARTURE FROM TRIP SITE:				
	TIME OF RETURN TO MEPHAM:				
	SCHOOL ENTRANCE FOR DEPARTURE:				
COST PER STUDENT:	Bus:	\$	Money to be deposited to Field Trip Acct. # _____ <i>(Checks made payable to BELLMORE-MERRICK CHSD)</i>		
	Admission Fee:	\$			
NUMBER OF STUDENTS:			GRADE LEVEL, CLASS OR GROUP:		
PURPOSE OF ACTIVITY: <i>(educational and/or social value)</i>					
TEACHER(S) ATTENDING: <i>(please list any additional teachers' names and AESOP CONFIRMATION #'s on reverse)</i>			AESOP CONF #		
			AESOP CONF #		
			AESOP CONF #		
			AESOP CONF #		
			AESOP CONF #		
TRIP APPROVED BY:					
	Department Administrator	Field Trip Administrator/AP	Principal		
NAME & PHONE OF CONTACT PERSON (<i>if delays or problems arise</i>):					
ADDITIONAL INFORMATION:					

***WHEN YOUR TRIP IS APPROVED.....YOU WILL RECEIVE A COPY OF THIS FORM.
 DO NOT INFORM STUDENTS OR MAKE FORMAL PLANS UNTIL THE TRIP IS APPROVED.**

***AN ALPHABETICAL LISTING OF STUDENTS PARTICIPATING MUST BE SUBMITTED
 TO THE ATTENDANCE OFFICE ONE WEEK PRIOR TO TRIP DATE.**

*NUMBER OF SUBSTITUTES NEEDED _____

*PLEASE CIRCLE PERIODS NEEDED TO BE COVERED: 1 2 3 4 5 6 7 8 9
(reminder: a substitute is required for absences of 3 or more periods)

Date faxed to BUS/VAN Company:	Confirmation #:	Cost: \$
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cc: Main Office; Dept. Administrator; Teacher; Transportation; Personnel- Gina Bologna