

EAST STROUDSBURG AREA SCHOOL DISTRICT

ITINERARY FOR STUDENT FIELD TRIP

**NOTE; MUST BE COMPLETED FOR TRIPS REQUIRING AN OVERNIGHT STAY OR OUTSIDE A SEVENTY-FIVE (75) MILE RADIUS OF THE EAST STROUDSBURG AREA SCHOOL DISTRICT. MUST BE SUBMITTED TO THE BUILDING PRINCIPAL AND, AS IS APPLICABLE, THE DIRECTOR OF ATHLETICS AND ACTIVITIES AS PER BOARD POLICY No. 121.**

Name of Activity: \_\_\_\_\_

Staff Member in Charge: \_\_\_\_\_

School: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Names and Phone Numbers of Students on this Trip:**

STUDENT NAME	PHONE NUMBER
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

*Continue on an additional form if necessary and attach.*

**Names and Phone Numbers of Chaperones on this Trip (Must be Approved):**

STUDENT NAME	PHONE NUMBER
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

*Continue on an additional form if necessary and attach.*

Date and Time of Departure from East Stroudsburg Area School District: \_\_\_\_\_

Site of Departure: \_\_\_\_\_

Destination and Estimated Time of Arrival: \_\_\_\_\_

Planned Route of Travel to Destination (include all planned stops): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Description of Activities and Site Visited:

Lodging (if applicable): \_\_\_\_\_

Cost Involved to Students: \_\_\_\_\_ Cost Involved to District: \_\_\_\_\_

Estimated Date and Time of Departure for Return to the District: \_\_\_\_\_

Planned Route of Travel for Return to the District: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Time of Arrival Upon Return to the District: \_\_\_\_\_

Name of District Staff Member Acting as the Contact Person for the Trip: \_\_\_\_\_

School Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

Phone # at Site of the Trip (if available): \_\_\_\_\_

SIGNATURE/APPROVAL-- Building Principal: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE/APPROVAL—Director of Athletics and Activities\*: \_\_\_\_\_ DATE: \_\_\_\_\_

\*As is applicable



