

**CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT
SCHOOL TRIP APPROVAL FORM**

This form must be submitted to the Central Office two weeks prior to the trip
***IMPORTANT: Submit this form in quadruple**

DATE: _____

School: _____

Grade: _____

Date of Trip: _____

Student Cost: \$ _____

Departure Time: _____

No. of Students: _____

Arrival Time: _____

No. of Teachers, Aides & Parents: _____

Trip to: _____

Purpose of trip- i.e. educational, recreational, etc.: _____

Transportation provided by: _____

No. of buses needed: _____

Name of Bus Company's Insurance Carrier: (if out of district buses are used)

PERMISSION SLIPS SIGNED BY PARENTS: _____yes _____no

Substitute needed: _____yes _____no

This is _____ trip for my class this year.

Names of teachers going on trip: _____

Class teacher: _____

Principal: _____

Approved: _____

Superintendent of Schools