Franklin Township S Application for Approva (please leave shaded portio	l of Trip
Date of application <u>April 4, 2017</u> Teacher arranging trip <u>Town Kot</u> Grade level(s) involved <u>2hd</u>	Trip Date Board Approval Nurse Notified Requisition(s) issued
Destination <u>Annie Menderwij Matwie Pands</u> Telepl City/State <u>Panaleppany</u> <u>Two groef</u> Invoid Other stops/destinations <u>Motice</u>	T at $4:00/4.M$ Return at $3:00P.M$ . hone # $1 - 800 - 799 - 116.6$ the or Confirmation # $PN 17 49609$
	initials ssion costs:Total Admission:
Number of Students     31     cost per student       Number of Teachers     2     cost per teacher       Number of Aides     2     cost per teacher       Number of Aides     1     number of free admissions (if any) explain:       Number of Other adults     8     1       TOTAL     142     1	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Substitutes:         # of subs needed       O         Cost per sub       O         Total         # of Nurse subs needed       Cost per nurse sub         \$110,00       Total	Total Cost
Transportation: Number of Buses: Cost per Bus: 490 Name of Bus company: First Studint	Total bus cost Other Resources Total trip cost E Location: Total trip cost
Lunch plans:     YES/NO     If restaurant, name       Return to school?	# coation: # of Students 31 Cost per Student \$ 18.00

Name of Adults attending <u>Joan Not</u> <u>Christina Kocsi</u> <u>Mary Jon Findley</u>	Sub Needed Yes/No NO NO	Name of Adults attending	Sub Needed Yes/No
General Itinerary:	Main stops	and activities	
	as outdoor e icans and ing, home	other cultures throw	15 1
	· · · ·		
Relationship of trip to curriculum: Mateire American K Decial Studies (1	studies are	part of the 2hd of	ladi
Was a similar trip taken last year? comments:	Yes	No	
This trip request complies with the Board	of Education's policy	and regulations #6153.	
Approvals:		Carr Hot	4/4/17
Superintendent/Principal	Date	Teacher Signature	Date

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Board Approval Date

Franklin Township School 10.02.1 Application for Approval of Trip (please leave shaded portions blank)
Date of application
Nurse initials
Substitutes:# of subs needed $\bigcirc$ Cost per sub $\boxed$ Total S $\_$ # of Nurse subs needed $\bigcirc$ Cost per nurse sub $\boxed$ Total S $\_$ Total S $\_$ Of Subs $\boxed$ Total CostTransportation: $\boxed$ Cost per Bus: $\boxed$ 560 $\boxed$ Total bus cost $\boxed$ 5560.00Number of Buses: $\bigcirc$ Cost per Bus: $\boxed$ 560 $\boxed$ Other Resources $\boxed$ 500.00Name of Bus company: $\bigcirc$ Other Resources $\boxed$ 500.00 $\boxed$ Other Resources $\boxed$ 500.00Lunch plans: $\boxed$ YESNOIf restaurant, name & Location: $\boxed$ 5658.40Return to school? $\boxed$ Eat in Iunchroom Ia :15 P.M. Iunch Gee- \$25.# of Students $\boxed$ 28Cost per Student $\boxed$ 5.24.00 $\boxed$ Cost per Student

i.

Name of Adults attending Susan Rainaldi Jeff Weinhold NURSE	Sub Needed Yes/No	Name of Adults attending <u>7 parents</u>	Sub Needed Yes/No
General Itinerary:	Main stops ar	nd activities	
Leaver FTS Frank Mgvie Junch Arriver FTS Relationship of trip to curriculum:	at 8:00 11n Inst - Galo - 12:15 at 3:00	A.M. ritute pagos at 11:3 S.P.M. D.P.M.	D.A.M.
			2
<u>To enhance</u> <u>science</u> conc <u>scientific</u> pr and life	epts star	ich study o dards such chnology, ear	P 715 1-16
Was a similar trip taken last year? comments:	Yes	No	2 
This trip request complies with the Board	of Education's policy ar	nd regulations #6153.	2
Approvals:		Jusan Ran	aldi shali
Superintendent/Principal	Date	Teacher Signature	Date
Board Approval Date			L.

Franklin Towns Application for App (please leave shaded	proval of Trip
Date of application <u>3/29/17</u> Teacher arranging trip <u>1, mKO</u> Grade level(s) involved <u>4<sup>th</sup> Grade</u>	Trip Date Board Approval Nurse Notified Requisition(s) issued
Trip date <u>5/22/17</u> Rain date <u>Rain or shine</u> Destination <u>Pequest Trout Halchery</u> City/State <u>Oxford</u> NJ Other stops/destinations	Depart at 9:00       Return at 3:45         Telephone # 908-637-4125         Invoice or Confirmation #
Is a nurse required to attend this trip? Yes People Attending Trip: Number of Students 37 Number of Teachers Number of Aides Nurse Number of Other adults TOTAL 7 Substitutes: # of subs needed Cost per sub	cher teachers \$ adult adults \$ free other costs \$00_
# of subs needed Cost per sub	Total \$ 110 Total Cost of Subs \$ 210,00
	Total bus cost 5 490.00 Other Resources (\$ ) Total trip cost 8000.00 # of Students 2.1
Return to school? Bag lunch? Restaurant?	Cost per Student

Name of Adults attending Mr. Timko Mrs. Prass) Ms. Strysky	Sub Needed Yes/No WO NO	Name of Adults attending	Sub Needed Yes/No
General Itinerary:	Main stops	and activities	
1. 9:30 - leave fts		6- 2:31-2	(Fishing)
2 9:45 - Arrive at	Pequiest - Ton	1 Museum 7. 2:15 -	Depart Peggest
3 10-11:30 - Hatcherg		8, 3:10 -	Arrive at FTS
	I I AI	1	///////////////////////////////////////
4. 11:30-12-Bag luin	1 1 P		
J. 12-12-50 - Datety	lecture / discus	Sily	
Relationship of trip to curriculum:			
NJCCCS: 2.6.6	,41	: 	
		-	
2	1		9
Was a similar trip taken last year?	Yes	Νο	
comments:			
IT. Cla	<u>, 10</u>		<u></u>
Trip was funtasti	С,		
	<u></u>		
		1	
This trip request complies with the Bo	ard of Education's policy	and regulations #6153.	
	9		

Approvals:

Superintendent/Principal

Date

Steven H. Tiko

Teacher Signature

Date

Board Approval Date \_\_\_\_\_

	10.02.1
Franklin Township School Application for Approval of Trip (please leave shaded portions blank)	
Date of application	turn at <u>2:15 pm</u> 18
Is a nurse required to attend this trip? <u>NO</u> Nurse initials_ <u>1/MA</u>	
People Attending Trip:       Admission costs:       To         Number of Students       16       cost per student       \$15.00       students         Number of Teachers       1       cost per teacher       \$15.00       students         Number of Aides       -       -       cost per teacher       \$15.00       adults         Number of Aides       -       -       -       adults       other costs         Number of Other adults       -       -       -       -       admissions (if any)       -         Number of Other adults       -       -       -       -       -       -       -         Number of Other adults       -       -       -       -       -       -       -         Number of Other adults       -       -       -       -       -       -       -         Number of Other adults       -       -       -       -       -       -       -       -       -       -       -         Number of Other adults       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -	s <u>5</u> s <u>15</u> s
Substitutes:         # of subs needed       Cost per sub         100       Total       \$ 100         # of Nurse subs needed       Cost per nurse sub       Total       \$	\$ 100.00
Transportation:       Image: Total bus cost         Number of Buses:       Image: Cost per Bus: Total bus cost         Name of Bus company:       Other	\$
Resources	(\$)
FTS Bus (Favailable of HCESC (if not)Total trip costLunch plans:Tes/NOIf restaurant, name & Location:	\$
ag lunch?	f Students
Restaurant?	\$

paid by BOE

Name of Adults attending	Sub Needed Yes/No	Name of Adults attending	Sub Needed Yes/No
General Itinerary:	Main stops and	activities	
Safety Patrol mer	bers will	attend the	
Somerset Patriots go	ч. <i>А</i>	will be given a	2
	from the	ballpark securit	KV
officer.			-,
	· · · · · · · · · · · · · · · · · · ·		
Relationship of trip to curriculum: Safety Patrol member Service to our s The ballpark secu Safety strategies ballpark.	chool, irity office	varded for their er will discuss used at the	
Dankar		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •
Was a similar trip taken last year? comments:	Yes	No	
			<u>.</u>
This trip request complies with the Board o	of Education's policy and	regulations #6153.	
Approvals:		$\bigcirc$ .0	\

Superintendent/Principal

Date

Teacher Signature <u>3/10/1/</u> Date

Board Approval Date \_\_\_\_\_

## Franklin Township School Application for Approval of Trip (please leave shaded portions blank)

Trip Date	
Date of application 4/10/11 Board Approval	
Teacherarranging trip <u>Anita Petersen</u> Nurse Notified	
Grade level(s) involved Karen Brokaw Requisition(s) issued	
Trip date $5/8$ Rain date $5/35$ Depart at 9.15 Return at 11.3	$\mathcal{O}$
DestinationBlew FarmTelephone #908-399-0165	_
City/State_QUAKertown, NJ Invoice or Confirmation #	_
Other stops/destinationsN/A	
Is a nurse required to attend this trip? $\gamma es$ Nurse initials Muse	-
People Attending Trip: Admission costs: Total Admission:	7
Number of Students 22 cost per student students \$	
Number of Teachers 2 cost per teacher teachers \$	
Number of Aides cost per other adult adults \$	-
Nurse     number of free admissions (if any)     other costs     \$	
Number of Other adults less free \$	-
TOTAL 29 TOTAL \$	
Substitutes:       # of subs needed       Cost per sub       Total	
Total Cost	
# of Nurse subs needed Cost per nurse sub Total \$ of Subs of Subs	1
Transportation:	].
Number of Buses: Cost per Bus: 131.50 Total bus cost \$131.50	
Name of Bus company: Other Resources (\$ 1912,550)	(BOE)
Hunt Co ESC       Total trip cost         Lunch plans:       YES/NO       If restaurant, name & Location:	8
Return to school? 4 of Students 22	]
Pag lunch?	1
Restaurant? Cost per Student	·
No	с ж

Name of Adults attending	Sub Needed Yes/No	Name of Adults attending	Sub Needed Yes/No
Anita Petersen		• •	
Karen Brokaw			
Katrina Mani(Nurs	9		
General Itinerary:	Main stops and	activities	
Take a tour	of the		
<u>herb</u> gar		. Shell Corn-	enjoy
	<u>se</u>		popcorn
	Kitchen		
· livestoc		<u> </u>	
Relationship of trip to curriculum:			
Science	~~~~~		
- Plants - 5, 3.			
requirements fo	r the ca	ire of plants	and
animals			
<u> </u>	· · · ·	that most pla	<b>•</b>
water from :		ugh their root	-s and
gather light th	rough the	eir leaves	
Was a similar trip taken last year?	Yes	Νο	
comments:			
This was a gre	at class	trip! It was	very
interesting and in	formative	Trip I It was I The students	really
enjoyed the e	xperience	/ '	/
This trip request complies with the Board of	of Education's policy an	d regulations #6153.	
Approvals:			
,		Kaspa Brok	aus 4/10/17
Superintendent/Principal	Date	Teacher Signature	Date
, ,		and the	<u> </u>
Board Approval Date		upn han	

Franklin Township Sch Application for Approval ( please leave shaded portions)	of Trip
Date of application	Trip Date Board Approval Nurse Notified Requisition(s) issued
Destination Washington Crossing, St. Park Telepho	at $8:00 \text{ a.m.}$ Return at $2:45$ one # $609 - 737 - 0623$ or Confirmation #
	nitials MWW nion costs: Total Admission: students teachers adults other costs less free TOTAL
Substitutes:         # of subs needed       Cost per sub         # of Nurse subs needed       Cost per nurse sub         [100.00]       Total	\$ 100 \$ Total Cost \$ of Subs \$ 21.0.00
Transportation:         Number of Buses:       Cost per Bus:         Name of Bus company:         Humf Confector         Lunch plans:       YES/NO	
Return to school? Bag lunch? Restaurant?	# of Students 29 Cost per Student

Name of Adults attending Sub Needed Name of Adults attending Sub Needed Yes/No Yes/No Parents Krampi Barry NO Johnson Timko 125 Nurse [loud bikes] Main stops and activities : [S -General Itinerary: at a.M Pave in the Lambertville Station putting lot (100 and) proceed to Unshington Crossing Park on bites students drop in then will 9.17 ø 2:20 Film imuseum, musket bising 2:45 - arrive at FTS 12:30-2 ----Relationship of trip to curriculum: Movement Skills Fitness ime . ... Yes No Was a similar trip taken last year? comments: . Excellent \_\_\_\_\_ This trip request complies with the Board of Education's policy and regulations #6153. Approvals: wen H. Til

Superintendent/Principal

Date

**Teacher Signature** 

Date

Board Approval Date

10.02.1

Franklin Township School Application for Approval of Trip (please leave shaded portions blank)
Date of application       41117         Teacher arranging trip       11mKo         Grade level(s) involved       7 <sup>n</sup> + 8 <sup>n</sup> Requisition(s) issued
Trip date       5/11/17       Rain date       5/18/17       Depart at       ART 10:00 A.M. Return at       2:30         Destination       N/H/HS       Telephone #       908-713-4/19/1         City/State       Annadale       NT       08801       Invoice or Confirmation #         Other stops/destinations       Non 1
Is a nurse required to attend this trip?       No       Nurse initials         People Attending Trip:       Admission costs:       Total Admission:         Number of Students       Abb 47       cost per student       students         Number of Teachers       0       cost per student       students       students         Number of Aides       0       cost per teacher       adults       students       students         Number of Other adults       0       admissions (if any)       cost per leacher       students       students         Number of Other adults       0       admissions (if any)       cost per leacher       students       students         Number of Other adults       0       cost per other adult       other costs       students       students         Number of Other adults       0       cost per other adult       other costs       students       students         Number of Other adults       0       cost per leacher       cost per costs       students       students         0       0       0       cost per other adult       other costs       students       students         1       1       50       1       students       students       students         1       0       1       <
Substitutes:         # of subs needed       Image: Solid sol
Transportation:       IIO.00       Total bus cost       \$ 110.00         Number of Buses:       ICost per Bus:       IIO.00       Other Resources       \$ 110.00         Name of Bus company:       Other Resources       \$ 110.00       (PTA)         Hunt Co ESC       If restaurant, name & Location:       Total trip cost       \$ 0.00         Return to school?       YES/NO       If restaurant, name & Location:       # of Students
Bag lunch? Restaurant? Snack bar open last year

Name of Adults attending <u>David Gian Fisco</u> Jen St. Laurent Hunter Timko	Sub Needed Yes/No	Name of Adults attending	Sub Needed Yes/No
General Itinerary:	Main stops	and activities	
1. Travel to NHHS		-	
2. Compete in the si	ending district	t track meet	· ·
3. Travel back to A	ETSU		
			<del></del> .
-			
Relationship of trip to curriculum: B.E - 1.2 Chamcher Dev	lopmint		
R.E - 2.2 Chamcher Dev 2.5 Motor Skills	Development		
2.6 Fitness		4	
	· ••• · · ·		
· · · · · · · · · · · · · · · · · · ·		-	- 
Was a similar trip taken last year? comments:	V Yes		
We received exceller	A feedback to	from all involved	

This trip request complies with the Board of Education's policy and regulations #6153.

Approvals:

Superintendent/Principal

Date

Steven H. Tinka

Teacher Signature

Date

Board Approval Date