9.02.1

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

	Trip Date
1122117	
Date of application 11130117	Board Approval
Teacher arranging trip <u>harin Stumpf</u>	Nurse Notified
Grade level(s) involved 8th grade	Requisition(s) issued
	t at <u>8:35am</u> Return at <u>12:45</u> pm none # <u>(908) 735-5191</u>
City/State Annandale, NJ Invoid	e or Confirmation #
Other stops/destinations_None	
	initials all a
reopte Attending Trips	ssion costs: Total Admission:
Number of Students 4 cost per student	0.00 students
Number of Teachers cost per teacher	0,00 teachers \$
Number of Aides 1 Loss per other addres	0,00 adults \$
Nulse	other costs \$
Number of Other adults	on e less free \$
Number of Other adults TOTAL 44 gall orientation	TOTAL
Substitutes:       # of subspeeded       Cost per sub       * 100 1   Total	\$ 100
	Total Cost
# of Nurse subs needed O Cost per nurse sub Total	
Transportation:	
Number of Buses: 1 Cost per Bus: 120	Total bus cost 5,120,00
Name of Bus company:	Other Resources (\$
Hunt Co ESC	Total trip cost
Lunch plans: (EVNO If restaurant, name	
Return to school? Yes	# of Students
Bag lunch?	Cost per Student
Restaurant? NO	
	Paid by BOE

Name of Adults attending <u>K(IVIN J-Lumpf</u> <u>Jennifer St. Laurent</u> Koiren Brokaw	Sub Needed Yes/No No No	Name of Adults attending	Sub Needed Yes/No
General Itinerary:	Main stop:	s and activities	- 
See attached.			
		·····	
Relationship of trip to curriculum: <u>8<sup>41</sup></u> <u><u><u>grace</u><u>Fransition</u></u></u>	to Nigh J	chool.	
		<u> </u>	· · ·
Was a similar trip taken last year? comments:	Ye	s No	
This trip request complies with the Board c	of Education's polic	y and regulations #6153.	
Approvals:			
Superintendent/Principal	Date	Teacher Signature	Date
Board Approval Date			

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