

**CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT**  
**Cliffside Park, NJ**  
**SCHOOL TRIP APPROVAL FORM**

DATE: \_\_\_\_\_  
School No.: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Trip: \_\_\_\_\_  
Leaving Time: \_\_\_\_\_ Returning Time: \_\_\_\_\_  
Cost per student: \_\_\_\_\_ No. of students attending: \_\_\_\_\_  
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

**THIS FORM MUST BE SUBMITTED TO THE CENTRAL OFFICE TWO WEEKS PRIOR TO THE TRIP**

**\*IMPORTANT: SUBMIT THIS FORM IN QUADRUPLE\***