



# Mount Union Area School District

603 North Industrial Drive  
Mount Union, Pennsylvania 17066

**Jen Taylor**  
Superintendent

**Telephone**  
814-542-8631

## Major Trip Athletic and Student Activities Application

All areas are to be completed and answered in full. If more explanation is needed, provide an attached sheet. Follow policy in working to determine if the trip is within guidelines. Make sure all signatures at the building level are secured before sending the application to the Superintendent of Schools.

**Print, type, or fill-out all information. Attach additional pages if needed.**

Name of person(s) making the request \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Name of School \_\_\_\_\_

Activity Name \_\_\_\_\_

Dates of planned trip \_\_\_\_\_ Dates of last trip (if applicable) \_\_\_\_\_

Destination \_\_\_\_\_

Number of school days missed \_\_\_\_\_ Number of students going \_\_\_\_\_

Total cost per student for trip \$ \_\_\_\_\_ How much of this cost will the student pay \$ \_\_\_\_\_

### ESTIMATED COSTS

Do the above costs include food?	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Do the above costs include lodging?	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Do the above costs include a registration fee?	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
Are there any additional costs (if yes, list them below)?	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No

**SUBSTITUTE NEEDED** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**DATE NURSE WAS NOTIFIED** \_\_\_\_\_

#### BOARD

Linda McClure, President  
Stephanie E. Stains, Secretary  
Telephone – 542-8631

#### DISTRICT BUILDINGS

Administrative Center – 542-8631  
Junior High School – 542-9311  
Senior High School – 542-2518  
Mount Union-Kistler Elementary – 542-2595  
Shirley Township Elementary – 542-9381



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## CHAPERONES

Professional Staff Member(s) – List each staff member below, write none if applicable

Support Staff Member(s) – List each staff member below, write none if applicable

Extra Duty Staff Member(s) – List each staff member below, write none if applicable

Parent(s)/Volunteer(s)\*\* – List each parent/volunteer below, write none if applicable

Total Number of Chaperones\*\* \_\_\_\_\_

**\*\* Chaperones must be secured who meet the District’s Volunteer Guidelines. Chaperones that do not have the proper clearances may not go on this trip. Check with your principal. Also, make sure that you have a sufficient number of chaperones as per District guidelines.**

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## Major Athletic and Student Activity Trip Eligibility

*Please Initial:*

\_\_\_\_\_ **As per the revised Major Trip Guidelines, all students will be checked for eligibility in compliance with the PIAA Constitution and By-Laws for High School Athletic Eligibility. This includes athletic and non-athletic trips.**

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## Trip Plans and Educational Focus

Purpose of Trip (What do you hope to gain by taking this trip? How will this help your students and what will they learn/gain)?

**Attach** an itinerary of what will be done on this trip. **Include departure times and return times and the schedule of events in which the students/organization will be involved.** A complete listing of how the time is to be spent while away from school must be included. If there is "free time", it may be listed as such. This early in the process it is understood that these may change, but provide as much detail as possible.

How will the success of the trip be evaluated? (This should come out of and be directly related to the purpose for going. Example: As a result of this trip my students will be able to.... (or) As a result of this trip the students will gain ...)

## Additional Logistical Information

How is this trip being funded? (Who is covering the cost for the student)?

If students are paying all or part of the cost, how are they funding this trip?

If another organization is funding this trip, please provide the name and describe the extent to which they are covering this cost.

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If this is a major trip that requires an overnight stay, where will the students be staying?

How are you going to travel? (bus (district or charter), van (district or charter), plane, train, private car).

**If approved by the Board, are there any reasons, short of an emergency that you would choose to cancel this trip? (please explain)**

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### Board Presentation Requirement

Pending Board approval, you will be notified of the requirement to provide a report following your scheduled trip(s) to share the benefits of the experience.

Please initial below that you agree to the requirement.

Initial: \_\_\_\_\_

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

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## Major Trip Athletic and Student Activities Approval Page

\_\_\_\_\_  
Signature – person requesting trip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Athletic Director, if applicable

\_\_\_\_\_  
Date

Approve  
 Disapprove

\_\_\_\_\_  
Signature – Building Administrator

\_\_\_\_\_  
Date

Approve  
 Disapprove

Administrator, please provide reasons supporting your decision:

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

### ADMINISTRATIVE USE ONLY

\_\_\_\_\_  
Signature – Superintendent

\_\_\_\_\_  
Date

Approve  
 Disapprove

\_\_\_\_\_  
Board Notification Date

OR Board Action (if needed):

Approve  
 Disapprove

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