

# PASSAIC VALLEY REGIONAL HIGH SCHOOL

100 EAST MAIN STREET, LITTLE FALLS, NEW JERSEY 07424

**Dr. Bracken Healy**  
Superintendent



**Mr. Joseph Benvenuti**  
Director of Athletics  
and Student Activities

PERSON REQUESTING TRIP: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

CLUB \_\_\_\_\_  SPORT \_\_\_\_\_  CLASS \_\_\_\_\_

DESTINATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_ TIME: \_\_\_\_\_ TO: \_\_\_\_\_

SUBSTITUTE(S) NEEDED? Circle one YES NO FULL DAY  or PERIODS NEEDED: \_\_\_\_\_

FACULTY MEMBERS ATTENDING TRIP: \_\_\_\_\_

HOW WILL THIS ACTIVITY RELATE TO THE INSTRUCTIONAL PROGRAM? WHAT IS THE PURPOSE?:  
\_\_\_\_\_  
\_\_\_\_\_

OUTSIDE TRANSPORTATION? Circle one: YES NO (PV Bus approval must be obtained by the Supervisor of Buildings and Grounds prior to Field Trip Request being granted)

NAME OF COMPANY: \_\_\_\_\_ APPROVAL OF BUILDINGS AND GROUNDS: YES NO

COST: \_\_\_\_\_ COST TO BOE: \_\_\_\_\_ PICK UP TIME: \_\_\_\_\_

NUMBER OF STUDENTS ATTENDING: \_\_\_\_\_ BUS PICK UP POINT AT SCHOOL: \_\_\_\_\_

**EACH STUDENT ATTENDING THIS FIELD TRIP MUST FURNISH A SIGNED PERMISSION SLIP**

SIGNATURE OF DIRECTOR OF ATHLETICS/ACTIVITIES: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF SUPERINTENDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVAL OF BOARD OF EDUCATION: \_\_\_\_\_ BOARD DENIAL: \_\_\_\_\_

**UPON BOARD APPROVAL THE TRIP ADVISORS MUST DO THE FOLLOWING:**

- Provide a roster to staff and Attendance Office (Kim Curtis)
- Explain to students that they are responsible for all missed work
- Check Social Probation list
- Understand that any teacher has the right to hold back a student for academic purposes
- All permission slips must be collected and filed by the trip advisor