

SCOTIA-GLENVILLE CENTRAL SCHOOLS



Request for Overnight Field Trip

Please provide the following information to the Superintendent of Schools at least six (6) weeks in advance of the scheduled trip.

Person Requesting Trip: Jim Krogh Date: 8-8-24

Class/Organization/Club Requesting Trip: SG Cross Country

Destination of Trip: Genesee Valley Park, Roch. NY.

Dates of Trip: # of Overnights: 1

(Mo./Day/Yr.)

(Mo./Day/Yr.)

9/27/24

9/28/24

Estimated Departure Time from Home: 2:30 (AM/PM)

Estimated Arrival time at Destination: 6:00 (AM/PM)

Estimated Departure Time for Home: 3:30 (AM/PM)

Estimated Arrival Time at Home: 7:00 (AM/PM)

Purpose of Trip: Premier level High School Cross Country Invitational

Number of Students on the Trip: 25-30

Number of Chaperones on the Trip: 12-14

Mode of Transportation: Parent transportation (request - It is our 4th year attending parents have driven last 2 years)

Teachers/Coaches in Charge: Jim Krogh

(Please list all names)

Names of Non Staff

Chaperones: Tentative: Mr + Mrs. Frisani, Mr + Mrs.

(Please list all

names) Berman, Mr. + Mrs. Muscatiello, Mr. + Mrs. MacIntosh,

Mr + Mrs. Wells, Mr. Welch, Mr. + Mrs. Misiewicz, Mr + Mrs. Secor

Names of Students Participating in Trip**

Attach separate sheet

To be announced - Girls + Boys Cross Country teams.

Plans for Lodging: Courtyard, Penfield.

Trip Itinerary: Leave school at 2:30 to drive to park. Practice on course then head to hotel for dinner and settling in. Follow day head to park at 7AM -

Anticipated Cost of Trip:

Source of Funds: Booster Club SGXC/TF account

Race then head home at approx 3:30pm.

Anticipated Cost per Student:

Anticipated Number of Substitutes Needed

This trip will be "at no cost to the district" Yes _____ No

List "other" School/Groups/Organizations Expected to Travel With You AND the Purpose for their Traveling with You: _____

Additional Comments: We hope to continue our schools success at this premier N.Y.S XC meet. The boys have won twice in three years and the girls are last years

Approved: _____ Date: _____
Academic Head/Supervisor

Champions.

Approved: _____ Date: _____
Building Administrator

Approved: _____ Date: _____
Superintendent of Schools

Any changes in the information provided must be brought to the Superintendent's attention immediately.

** Any incomplete information must be provided at least 2 weeks prior to the trip.