

WEST CHESTER AREA
SCHOOL DISTRICT

REVISED: March 25, 2024

Application for Approval of Study, Excursion, PIAA Sanctioned Athletic,
and Extracurricular Trips and Approval of Bus Transportation

Proposal: ☒ New Trip Request ☐ Trip Revision Request ☐ Trip Cancellation Request	
School: <u>Henderson High School</u>	Grades: <u>10th-12th</u>
Subject/Club/Sport: <u>Boys Golf</u>	
Teacher(s)/Coach(es) In Charge: <u>Mike Orenshaw</u>	
Destination: <u>Penn State Golf Course- 1523 W. College Ave. State College, PA 16801</u>	
Trip Day(s)/Date(s): <u>Wednesday August 12- Thursday August 13</u> Competition: ☒ Yes ☐ No PIAA: ☒ Yes	
~ Overnight Trip: ☒ Yes ☐ No ☒ In State ☐ Out of State ☐ Out of Country Name Tour Company: _____	
Special Instructions (rain date, etc.): _____	
How is it related to curriculum (Not for PIAA): _____	
Objectives of the proposed trip (Not for PIAA): _____	
Number of Pupils: <u>8</u>	Total Passengers: <u>9</u>
Adult Chaperone to Student Ratio: <u>8 / 1</u>	Per Pupil Cost: <u>0.00</u>
% of Eligible Students Going: <u>100.00%</u>	
Names of Teacher/Staff Chaperones: <u>Mike Orenshaw</u>	
~ Other Adult Chaperones: _____	
Nurses required on this trip: ☐ Yes ☒ No (refer to 121AG6)	

Estimated Cost						
	# Staff	# Days	Cost/Day	Total Cost	%	Budget Code/Account/Project
Substitute(s) Needed:	<u>0</u>		<u>202.13</u>	<u>0.00</u>		
Agency Nurses Needed:	<u>0</u>		<u>.000</u>	<u>0.00</u>		
Name of Staff Member Driving Students: <u>Mike Orenshaw</u>						
Mileage/Tolls: (If applicable)				<u>0.00</u>		
Hotel/Food/Airfare: (If applicable)				<u>0.00</u>		
Registration/Entrance Fee: (If applicable)				<u>560.00</u>		
Other Costs:				<u>0.00</u>		
☐ Walking ☒ Parent Provided Transportation ☐ Public Transportation						
☐ Bus ☐ Van/Car Rental ☐ Coach						
	# Vehicles	# Days	Cost/Vehicle	Total Cost	%	Budget Code/Account/Project
Buses/Rentals/Coaches				<u>0.00</u>		
~ Rental Company/Carrier: _____						
Students Leaving From:	<u>Henderson High School</u>		at <u>5</u>		☐ am ☒ pm	
Students Returning To:	<u>Henderson High School</u>		at <u>7</u>		☐ am ☒ pm	
~ Request Drop off/Pick up (only if using Krapf): ☐ Yes ☐ No Drop at: _____ at _____ ☐ am ☐ pm						
Pick up at: _____ at _____ ☐ am ☐ pm						
What are the planned activities to assist students who require financial assistance: _____						
Additional Information (bus w/lift, star seat, ski boxes, special instructions) _____						
Total Cost of Trip: \$ <u>560.00</u> Pupil Cost: \$ <u>-</u> Other Funded: \$ <u>-</u> Total Cost to the District: \$ <u>560.00</u>						
Requested Travel Advance (Min. \$300): _____						
Requested By: <u>Mike Orenshaw</u>		Signature: <u><i>Mike Orenshaw</i></u>			Date: <u>07/01/2026</u>	

Approval	
Principal _____	Approved _____ Date: <u>7/13/26</u>
Supervisor/ Athletic Director _____	Approved _____ Date: <u>7/13/26</u>
Director of: ☐ Elementary ☒ Secondary ☐ Pupil Services	Approved _____ Date: <u>7/13/26</u>
Transportation: _____	Date: _____
Schedule Dates: _____	Contractor: _____
Krapf Costs: _____	Additional Costs: _____
<u>Spellman Office Only:</u> Overnight Trip will appear on the _____ Board Consent Agenda.	

**Application for Approval of Study, Excursion, and
Extracurricular Trips and Approval of Bus Transportation – Page 2**

Instructions:

1. The sponsoring teacher requesting the trip arranges the transportation by contacting the van/bus/coach company to determine cost and availability before submitting the trip application. Do not send this application to the outside transportation company.
2. All information must be completed on the form. Incomplete forms/forms with missing information will be returned. All costs must be on the form prior to submitting for approval. All expenses must be listed and include the budget code (activity account, building, or district budget code). If students or booster organizations are paying a tour company directly, include that information in the budget code line. If there are no costs, please write "0". Check appropriate box for New Trip Request or Trip Revision Request.
3. Indicate the destination of the trip to be visited and address. Include the trip date(s) and day(s) of the week. Each single day trip requires its own form. Multiple day trips cannot be combined on one form. If this trip is for a competition, check the appropriate box. Overnight trips must have prior Board approval. Include any additional special instructions. Explain how the trip supplements or enriches the classroom curriculum.
4. Include the number of students and total passengers on the trip. The teacher to student ratio is one (1) certified classroom teacher for every thirty (30) students, plus one (1) parent volunteer for every ten (10) elementary students; and one (1) parent volunteer for every fifteen (15) middle and high school students per Policy 121. For long trips or adult passengers, requirement should be based on two (2) passengers per seat. If unsure, check with your carrier.
5. Cost Section – Fill in all costs associated with this trip. The sub rate is \$202.13 per day. The sub cost line is pre-calculated at \$202.13 based on the number of subs required. Make sure you indicate if a full or half day sub is needed. Budget accounts must be included. Include transportation information and costs here.
6. Regardless of mode of transportation, fill in departure location and time the students are leaving from this location. Include specific pick up area (front door, café, etc.).
7. Fill in returning location and time the students will be returning to this location. Arrival time will be the time the bus will discharge passengers at the location. Complete regardless of mode of transportation.
8. Include the planned activities (fundraising) for financial assistance and any additional information.
9. If the trip is not approved, the form will be returned to the school principal with comments below.
10. After principal approval, forward the trip application to the appropriate director; Krapf Bus transportation requests will be sent to the Transportation Department. Krapf will indicate acceptance of assignment by scheduling date and signing form. Krapf bus cost and any additional transportation costs will be entered at the bottom of the form.
11. **REVISIONS** - Once the trip form has been submitted to the director, ANY changes that need to be made must be made on a copy of the original trip request form. Check the Trip Revision Request at the top of the form and indicate the changes. Approval process to the principal, then director, then to transportation (if Krapf).

Please Note:

- ~ Make sure you distinguish between Krapf Bus and Krapf Coach. They are two different divisions.
- ~ Cancellations – notify the building principal, who will notify District office. If Krapf is the carrier, contact the Transportation Office (x1041). Provide the Krapf ID number assigned for that trip.

Disapproval Comment:

**Application for Approval of Study, Excursion, PIAA Sanctioned Athletic,
and Extracurricular Trips and Approval of Bus Transportation**

Proposal	New Trip Request	Trip Revision Request	Trip Cancellation Request
School	<u>West Chester East</u>	Grades <u>9-12</u>	Subject/Club/Sport: <u>Cheerleading Team</u>
Teacher(s)/Coach(es) in Charge:		<u>Leslie Boccio</u>	
Destination: <u>Pine Forest Cheer Camp</u>			
Trip Day(s)/Date(s): <u>8/18/26-8/21/26</u>		Competition	Yes NO PIAA Yes
Overnight Trip:	Yes No	In State Out of State Out of Country	Name Tour Company: _____
Special Instructions (rain date, etc.): <u>Itinerary Attached</u>			
How is it related to curriculum (Not for PIAA): _____ Team Bonding and skills			
Objectives of the proposed trip (Not for PIAA): _____ To build strong skills and work with teammates			
Number of Pupils: <u>24</u>	Total Passengers: <u>28</u>	Per Pupil Cost: _____	
Adult Chaperone to Student Ratio: <u>1</u> / <u>6</u>	% of Eligible Students Going: <u>100.00%</u>		
Names of Teacher/Staff Chaperones: <u>Leslie Boccio</u>			
Other Adult Chaperones: <u>Nevaeh Lewis, Tanya Croumbley, Shyanne Kennedy</u>			
Nurses required on this trip: Yes No (refer to 121AG6)			
Estimated Cost			
	# Staff	# Days	Cost/Day
Substitute(s) Needed:	<u>0</u>		<u>0.00</u>
Agency Nurses Needed:	<u>0</u>		<u>0.00</u>
Name of Staff Member Driving Students: _____			
Mileage/Tolls: (if applicable) _____			
Hotel/Food/Airfare: (if applicable) _____			
Registration/Entrance Fee: (if applicable) _____			
Other Costs: _____			
Walking	Parent Provided Transportation		Public Transportation
	Van/Car Rental	Coach	
	# Vehicle:	# Days	Cost/Vehicle
Buses/Rentals/Coaches	<u>1</u>	<u>2</u>	<u>0.00</u>
Rental Company/Carrier: <u>Krapf Coach</u>			
Students Leaving From:	<u>EHS</u>	at <u>6:45</u>	am pm
Students Returning To:	<u>EHS</u>	at <u>3:30</u>	am pm
Request Drop off/Pick up (only if using Krapf):	Yes No	Drop at: <u>Tennis Courts</u>	at _____ am pm
		Pick up at: <u>Tennis Courts</u>	at _____ am pm
What are the planned activities to assist students who require financial assistance: _____ - Boosters are financially supporting this trip			
Additional Information (bus w/lift, star seat, ski boxes, special instructions) none			
Total Cost of Trip: \$ _____	Pupil Cost: \$ _____	Other Funded: \$ _____	Total Cost to the District: \$ _____
Requested Travel Advance (Min. \$300): _____			
Requested By: <u>Tanya Croumbley</u>	Signature: <u>Tanya Croumbley</u>		Date: <u>07/13/2026</u>

Approval			
Principal	Approved	<u>Sarah Graham</u>	Date: <u>07/13/2026</u>
Supervisor/ Athletic Director	Approved	<u>Ryan Zehren</u>	Date: <u>7/13/26</u>
Director of: Elementary <u>Secondary</u> Pupil Services	Approved	<u>[Signature]</u>	Date: <u>7/21/26</u>
Transportation:			Date: _____
Schedule Dates:	Contractor:	_____	
Krapf Costs:	Additional Costs:	_____	
Spellman Office Only: Overnight Trip will appear on the _____ Board Consent Agenda.			

**Application for Approval of Study, Excursion, and
Extracurricular Trips and Approval of Bus Transportation – Page 2**

Instructions:

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5. Cost Section – Fill in all costs associated with this trip. The sub rate is \$202.13 per day. The sub cost line is pre-calculated at \$202.13 based on the number of subs required. Make sure you indicate if a full or half day sub is needed. Budget accounts must be included. Include transportation information and costs here. 6. Regardless of mode of transportation, fill in departure location and time the students are leaving from this location. Include specific pick up area (front door, café, etc.). 7. Fill in returning location and time the students will be returning to this location. Arrival time will be the time the bus will discharge passengers at the location. Complete regardless of mode of transportation. 8. Include the planned activities (fundraising) for financial assistance and any additional information. 9. If the trip is not approved, the form will be returned to the school principal with comments below.
10. After principal approval, forward the trip application to the appropriate director. Krapf Bus transportation requests will be sent to the Transportation Department. Krapf will indicate acceptance of assignment by scheduling date and signing form. Krapf bus cost and any additional transportation costs will be entered at the bottom of the form. 11. REVISIONS - Once the trip form has been submitted to the director, ANY changes that need to be made must be made on a copy of the original trip request form. Check the Trip Revision Request at the top of the form and indicate the changes. Approval process to the principal, then director, then to transportation (if Krapf).

Please Note:

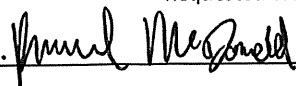
- ~ Make sure you distinguish between Krapf Bus and Krapf Coach. They are two different divisions.
- ~ Cancellations – notify the building principal, who will notify District office. If Krapf is the carrier, contact the Transportation Office (x1041). Provide the Krapf ID number assigned for that trip.

Disapproval Comment:

WEST CHESTER AREA SCHOOL DISTRICT

REVISED: March 25, 2024

Application for Approval of Study, Excursion, PIAA Sanctioned Athletic, and Extracurricular Trips and Approval of Bus Transportation

Proposal	☒ New Trip Request	☐ Trip Revision Request	☐ Trip Cancellation Request
School	Henderson High School		
Grades	9-12th		
Subject/Club/Sport:	Cheerleading		
Teacher(s)/Coach(es) in Charge:	Rachael McDonald and Sequoia Drake		
Destination:	Pineforest Cheerleading Camp- 185 Pine Forest Road Greeley, PA 18425		
Trip Day(s)/Date(s):	8/23-8/26		Competition ☐ Yes ☒ No PIAA ☐ Yes
~ Overnight Trip:	☒ Yes ☐ No ☒ In State ☐ Out of State ☐ Out of Country		Name Tour Company: _____
Special Instructions (rain date, etc.):	_____		
How is it related to curriculum (Not for PIAA):	_____		
Objectives of the proposed trip (Not for PIAA):	_____		
Number of Pupils:	17	Total Passengers:	19
Adult Chaperone to Student Ratio:	1 /		9
Per Pupil Cost:	433.00	% of Eligible Students Going:	100.00%
Names of Teacher/Staff Chaperones:	_____		
~ Other Adult Chaperones:	_____		
Nurses required on this trip:	☐ Yes ☒ No (refer to 121AG6)		
Estimated Cost			
	# Staff	# Days	Cost/Day
Substitute(s) Needed:	_____	_____	202.13
			0.00
Agency Nurses Needed:	_____	_____	0.00
			0.00
Name of Staff Member Driving Students:	_____		
Mileage/Tolls: (if applicable)	_____		
Hotel/Food/Airfare: (if applicable)	_____		
Registration/Entrance Fee: (if applicable)	_____		
Other Costs:	_____		
☐ Walking	☐ Parent Provided Transportation		
☐ Bus	☐ Public Transportation		
☐ Van/Car Rental	☐ Coach		
	# Vehicles	# Days	Cost/Vehicle
Buses/Rentals/Coaches	1	2	576.62
			1,153.24
~ Rental Company/Carrier:	Krapf School Bus		
Students Leaving From:	Henderson on 8/23	at	7:00
			☒ am ☐ pm
Students Returning To:	Henderson on 8/26	at	4:00
			☐ am ☒ pm
~ Request Drop off/Pick up (only if using Krapf):	☐ Yes ☐ No Drop at: _____ at _____ ☐ am ☐ pm		
	Pick up at: _____ at _____ ☐ am ☐ pm		
What are the planned activities to assist students who require financial assistance:	_____		
Boosters collected sponsorships from businesses to cver the cost for those that need assitance	_____		
Additional Information (bus w/lift, star seat, ski boxes, special instructions)	_____		
Total Cost of Trip:	\$ 7,361.00	Pupil Cost:	\$ 433.00
Other Funded:	\$ -	Total Cost to the District:	\$ 7,361.00
Requested Travel Advance (Min. \$300): _____			
Requested By:	Rachael McDonald	Signature:	
		Date:	07/15/2026

Approval			
Principal _____	Approved	Date: <u>7/21/26</u>	
Supervisor/ Athletic Director _____	Approved	Date: <u>7/21/26</u>	
Director of: ☐ Elementary ☒ Secondary ☐ Pupil Services	Approved	Date: <u>7/30/26</u>	
Transportation: _____		Date: _____	
Schedule Dates: _____	Contractor: _____		
Krapf Costs: _____	Additional Costs: _____		
<u>Spellman Office Only:</u> Overnight Trip will appear on the _____ Board Consent Agenda.			

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5. Cost Section – **Fill in all costs associated with this trip.** The sub rate is **\$202.13 per day**. The sub cost line is pre-calculated at \$202.13 based on the number of subs required. Make sure you indicate if a full or half day sub is needed. **Budget accounts must be included.** Include transportation information and costs here.
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Disapproval Comment:
