CENTRAL BUCKS SCHOOL DISTRICT
FIELD TRIP REQUEST —Board of School Directors Permission
For Major Metropolitan Areas (New York City, Washington, D.C.)

DATE of REQUEST **10/23/1026**

PERMISSION IS REQUESTED TO FACILITATE A FIELD TRIP TO
DESTINATION(S) **Ocean Breeze Athletic Complex**
ADDRESS(ES) **625 Father Capodano Blvd. Staten Island, NY 10305**
DATE(S) **01/30/2027**

NAME OF SCHOOL **Central Bucks East**
SCHOOL GROUP (Band, Debate, Sports Team, etc.) **Boys Winter Track**
NAME OF SCHOOL GROUP SPONSOR **Chris Pierangeli** SPONSOR SIGNATURE Chris Pierangeli
NUMBER OF STUDENTS IN GROUP **75** NUMBER OF STUDENTS PARTICIPATING IN TRIP **25**
COST TO EACH STUDENT **None** PROVISION FOR THOSE UNABLE TO PAY **Team Account**

MEANS OF FUNDING TRIP **Athletic and Team Account**
NUMBER OF TEACHERS **1** NUMBER OF PARENTS **0** = TOTAL NUMBER CHAPERONES **1**

PARENT PERMISSION SLIPS FOR PARTICIPATING STUDENTS MUST BE ON FILE IN THE OFFICE OF THE PRINCIPAL PRIOR TO THE FIELD TRIP.

EDUCATIONAL PURPOSE FOR TRIP (Include objective, invitation, if applicable): **To give athletes chance to qualify for the postseason**

PLEASE ATTACH A DETAILED ITINERARY.

TRANSPORTATION **Bus Company **CBSD Transportation**
Airline (Name of Carrier)
Other (Specify)

**Approved Private School Bus and Chartered Bus vendor verified by the Central Bucks Transportation Department.

PRINCIPAL SIGNATURE [signature] **SCHOOL** CB East
DATE 10/23/24

BOARD PRESIDENT SIGNATURE **APPROVAL DATE**

Ver. Nov 2011A