

INSURANCE CERTIFICATE OVERNIGHT TRIPS

A Tripster Accident Policy is required when students are attending a Board sponsored overnight trip.

In addition to all other requirements the **Request for Insurance Coverage--
Overnight** form must be completed and approved by the

School Principal or the

Program Administrator and the

Superintendent or the Assistant Superintendent

The request form must be submitted at least *ten (10) days* before the scheduled departure date.

PASSAIC PUBLIC SCHOOLS

BUSINESS OFFICE

663 Main Avenue

Passaic, New Jersey 07055

Request for Insurance Coverage--Overnight

Tripster Accident Policy

Minimum Cost--\$150.00

School/Office _____

Name of Administrator _____ Phone No. _____

Destination _____

Name of Site

Address

City, State, Zip

Purpose of Trip _____

Dates of Trip

From _____ To _____
mo./day/ year mo./day/ year

Times: Leave _____ Return _____

Number of Pupils Attending Trip (By Grade Level) _____

Number of Teachers and Chaperones Attending Trip _____

Mode of Travel to Destination _____

Name of Operator (e.g.; De Camp Bus Lines) _____

Mode of Travel Return Trip _____

Name of Operator _____

Trip Contact Person/Title _____

Phone Number _____ Fax Number _____

Approvals

Administrator _____ Supt./Asst. Supt. _____
Print Name Print Name

Signature Date *Signature* Date

Please submit to School Business Administrator, at least *ten (10) days* before the date of trip.