

**BALTIMORE COUNTY PUBLIC SCHOOLS  
FOREIGN STUDY PROGRAM PROPOSAL AND SUMMARY SHEET**

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*This form must be submitted to the school principal 6 months prior to scheduled departure.*

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1. School Name: \_\_\_\_\_
2. Sponsoring Teacher(s): \_\_\_\_\_
3. Section or Grade/Student Group: \_\_\_\_\_ <attach list of all student participants>
4. Trip Destination: \_\_\_\_\_
5. Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_
6. Time of Departure: \_\_\_\_\_ Time of Return to School: \_\_\_\_\_
7. Names and cellular numbers of all accompanying teachers:

1.	Cell:
2.	Cell:
3.	Cell:
4.	Cell:
5.	Cell:
6.	Cell:

8. Transportation:

1. BCPS-Approved Tour Bus Contractor

- a. Name of BCPS-Approved Contractor or Contractor hired by Travel Agent:

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

2. Air

- a. Name of Board-approved Travel Agent: \_\_\_\_\_

b. Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

3. Other – Please specify:

\_\_\_\_\_  
\_\_\_\_\_

9. Overnight Accommodations:

- a. Name of Hotel/Motel: \_\_\_\_\_

- b. Complete Address: \_\_\_\_\_
- c. Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_
10. Does the trip involve high-risk activities? \_\_\_\_ Yes \_\_\_\_ No (If yes, continue below)
1. *Request for Risk Management Review* form submitted and approved: \_\_\_\_ Yes \_\_\_\_ No
2. Copy of approved *Request for Risk Management Review* form attached: \_\_\_\_ Yes \_\_\_\_ No
11. Detailed itinerary for each day of trip attached: \_\_\_\_ Yes \_\_\_\_ No
12. Purpose of trip <*detailed plan on how the objectives of the trip directly relate to the curriculum/instructional program and anticipated outcomes*>
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
13. Director, Social Studies has been consulted to determine whether the U.S. Department of State has posted travel advisories for any of the trip destinations: \_\_\_\_ Yes \_\_\_\_ No
14. Ratio of chaperones to students: \_\_\_\_ chaperones per \_\_\_\_ students
15. Each contract, lease or agreement required for the trip and/or for participation in the trip is attached: \_\_\_\_ Yes \_\_\_\_ No

Sponsoring Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval Signatures Required:**

School Principal:	Date:
Curriculum Content Supervisor:	Date:
Director, Social Studies:	Date:
Executive Director, Academics:	Date:
Community Superintendent	Date:
Superintendent (if applicable)	Date:

**Final Decision:**       Approved  
                                   Denied

Reason for denial: \_\_\_\_\_

**THE COMPLETED FOREIGN STUDY PROGRAM SUMMARY SHEET MUST ACCOMPANY EACH PROPOSAL REQUEST**

**FOREIGN STUDY PROGRAM SUMMARY SHEET**

**A. Summary**

1. Number of students: \_\_\_\_\_
2. Number of student school days involved: \_\_\_\_\_ Dates: \_\_\_\_\_
3. Number of nights lodging: \_\_\_\_\_ Dates: \_\_\_\_\_
4. Number of accompanying teachers: \_\_\_\_\_
5. Number of chaperones needed: \_\_\_\_\_ (Male \_\_\_\_\_ Female \_\_\_\_\_)
6. Cost for lodging: \$ \_\_\_\_\_
7. Cost for transportation: \$ \_\_\_\_\_
8. Cost for meals: \$ \_\_\_\_\_
9. Cost for each scheduled activity <list each separately>:
  - a. Activity: \_\_\_\_\_, Cost: \$ \_\_\_\_\_
  - b. Activity: \_\_\_\_\_, Cost: \$ \_\_\_\_\_
  - c. Activity: \_\_\_\_\_, Cost: \$ \_\_\_\_\_
10. Estimated cost per student: \$ \_\_\_\_\_
11. Total cost of trip: \$ \_\_\_\_\_

**B. Source of Funds**

1. ( ) Baltimore County Public Schools Instructional Budget
2. ( ) School Activity Funds
3. ( ) Other: \_\_\_\_\_
4. ( ) Fundraising Activities <Describe any fund raising activities which will be planned to underwrite trip expenses and attach to this form.>

**C. Student Participation**

Explain provisions that have been made to ensure that eligible students are not excluded from the trip because of inability to pay and/or disability?

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**D. Educational Value**

- a. Outline the anticipated educational value of the trip as it relates to the curriculum. Emphasize the contribution to the education of the students that could not be achieved by other means.

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- b. What are the objectives of the trip and how are the experiences provided on the trip related to the class or school program?

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- c. How will the activities on the trip provide opportunities for students to obtain new skills, insights, knowledge or appreciation?

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**E. Activities for Students**

Outline all pre-planning and follow-up activities for students to reinforce objectives of the trip:

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**F. Class Coverage**

1. What provision has been made for instruction of remaining students in the classes of the sponsoring teacher and accompanying teachers?

CLASS REQUIRING COVERAGE	PERSON COVERING	NO.	CLASS REQUIRING COVERAGE	PERSON COVERING	NO.

What effect does the trip have on other classes or programs? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What provisions have been made for students not participating in the trip?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**G. Supervision**

a. For the places to be visited, check all that apply:

- ( ) Handicapped accessible
- ( ) Identification requirements
- ( ) Other: \_\_\_\_\_

b. Nighttime Procedures

Explain provisions that have been made for supervision of students at night and while lodging.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Describe supervision plans to ensure maximum safety for students.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**H. Additional Requirements for Foreign Travel\***

a. Passport Required: \_\_\_\_ Yes \_\_\_\_ No

b. Additional Photo ID Required: \_\_\_\_Yes \_\_\_\_ No

c. Visa Required: \_\_\_\_Yes \_\_\_\_ No

d. Medical/Travel Insurance Required: \_\_\_\_Yes \_\_\_\_ No <attach copies with costs>

e. Inoculations Needed: \_\_\_\_Yes \_\_\_\_ No

If yes, list all required/recommended inoculations: \_\_\_\_\_

\_\_\_\_\_

f. Estimated personal costs associated with trip: \$\_\_\_\_\_

g. Trip cancellation/refund policy and schedule <attached copies>

**I. Orientation Sessions**

Include the date of each orientation session and an agenda of items to be covered at each session.

1. Date: \_\_\_\_\_ Agenda attached: \_\_\_\_Yes \_\_\_\_ No

2. Date: \_\_\_\_\_ Agenda attached: \_\_\_\_Yes \_\_\_\_ No

3. Date: \_\_\_\_\_ Agenda attached: \_\_\_\_Yes \_\_\_\_ No

**J. Additional Information or Comments**

List any additional information that you believe will assist in the approval of this trip:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**K. Required Attachments**

- Itinerary for each day of trip
- Approved *Request for Risk Management Review* Form
- List of participating students
- List of fundraising activities
- Trip cancellation/refund policy
- A copy of each contract, lease or agreement required for the trip and/or for participation in the trip

\*Consult the Foreign Study Program Planning Timeline (Rule 6800, Form O) for additional provisions for the supervision, health and safety of students. Upon trip approval, the sponsoring teacher must periodically consult the Director, Social Studies for current foreign travel advisories issued by the U.S. Department of State.