Baltimore County Public Schools
Foreign Study Program Proposal and Summary Sheet

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

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:

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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: ____________________________________________________

08/21/18
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>

______________________________________________________________________________

________________________________________________________________________________

... (additional text)

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:

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<tr>
<td>School Principal: Date:</td>
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<td>Curriculum Content Supervisor: Date:</td>
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<td>Director, Social Studies: Date:</td>
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<td>Executive Director, Academics: Date:</td>
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<td>Community Superintendent Date:</td>
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<td>Superintendent (if applicable) Date:</td>
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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?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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.

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

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

E. Activities for Students

Outline all pre-planning and follow-up activities for students to reinforce objectives of the trip:
F. Class Coverage
1. What provision has been made for instruction of remaining students in the classes of the sponsoring teacher and accompanying teachers?

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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.