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# SCHOOL ADMINISTRATIVE UNIT #51

23 Oneida Street - Unit 1  
Pittsfield, New Hampshire 03263  
Phone: (603) 435-5526 ~ Fax: (603) 435-5331

John J. Freeman, Ph.D.  
Superintendent of Schools

## ELECTRONIC DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED CREDITS/DEBITS

(PLEASE COMPLETE A SEPARATE FORM FOR EACH BANK YOU WISH TO DEPOSIT TO)

I hereby authorize and request SAU #51, hereafter referred to as the Company, to initiate debit/credit entries to the CHECKING and/or SAVINGS account(s) indicated below and the Financial Institution named below, hereafter referred to as the Bank, to debit/credit the same to such account(s).

1) Please print the following:

EMPLOYEE NAME: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK PHONE: \_\_\_\_\_

BANK DFI#/ABA#/TRANSIT #: \_\_\_\_\_

- 2) **Account Number** Please confirm the accurate account number with your bank.  
**Checking/Savings** Please note whether account listed is *Checking* or *Savings*.  
**Amount** Please enter amount of deposit to the account using a set dollar amount or use the phrase "*Full pay*" for Deposit of total net pay.

Account Number	Checking OR Savings	Amount
_____	_____	_____
_____	_____	_____

Note: Any net pay amount remaining after direct deposits will be paid to the employee through paper check.

This authority is to remain in full force and effect until the Company and the Bank have received **written notification** from me of its termination in such time and in such manner as to afford the Company and the Bank a reasonable opportunity to act on it.

3) Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICE USE ONLY: Pre-Note Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Elec Dep Begins: \_\_\_\_/\_\_\_\_/\_\_\_\_

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# FIELD TRIP REQUEST

Note: Please submit a Staff Development Leave Request Form for each staff member with this form.

Date of request: \_\_\_\_\_ Class/Group/Organization: \_\_\_\_\_

Staff/advisors involved: \_\_\_\_\_

Date of trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure time: \_\_\_\_\_ Return time: \_\_\_\_\_ Number of students: \_\_\_\_\_

Number of chaperones (please list below): \_\_\_\_\_ Number of buses needed: \_\_\_\_\_ Round trip mileage: \_\_\_\_\_

Private vehicle: \_\_\_\_\_ Driver: \_\_\_\_\_

Ins. filed: \_\_\_\_\_ Substitute needed?: YES \_\_\_\_\_ NO \_\_\_\_\_

How will the trip be funded?: \_\_\_\_\_

Cost per student: \_\_\_\_\_ Bus: \_\_\_\_\_ Admission: \_\_\_\_\_

Goals for this trip: \_\_\_\_\_

Pre-trip activities: \_\_\_\_\_

Follow-up activities: \_\_\_\_\_

Please list all chaperones: \_\_\_\_\_

More information needed: \_\_\_\_\_

## CHECKLIST:

- \_\_\_\_\_ Staff Development Leave Request form for each staff member attending (submit with Field Request form)
- \_\_\_\_\_ Date reserved
- \_\_\_\_\_ Sub-coordinator notified, whether sub needed or not
- \_\_\_\_\_ Bus arranged (See Administrative Assistant)
- \_\_\_\_\_ Chaperones secured & trained
- \_\_\_\_\_ Duty coverage arranged
- \_\_\_\_\_ Date reserved on activity calendar (See Administrative Assistant)
- \_\_\_\_\_ Field trip permission slip for each student received
- \_\_\_\_\_ Medical list checked and bee sting kit(s) or special instructions received from nurse
- \_\_\_\_\_ Advance teacher notice of trip with list of participants
- \_\_\_\_\_ Kitchen notified (If trip impacts lunch count)
- \_\_\_\_\_ Copy of insurance filed at the SAU (please see reverse side) for private vehicles (to be driven by adults only).

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

#15

# PITTSFIELD ELEMENTARY SCHOOL FIELD TRIP ACCOMMODATION PLAN

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

- No accommodations needed at this time
- Accomodations needed (If yes, complete form.)

Brief summary of concern: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

needs:	accommodations:
_____	_____
_____	_____
_____	_____
_____	_____

_____ Signature of Parent	_____ Date
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_____ Signature of Teacher	_____ Date
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\_\_\_\_\_ Plan Accepted                      \_\_\_\_\_ Plan Rejected

\_\_\_\_\_ Plan accepted with the following modifications:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

_____ Signature of Principal/Director of Student Services	_____ Date
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# PITTSFIELD ELEMENTARY SCHOOL FIELD TRIP ACCOMMODATION PLAN

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

- No accommodations needed at this time
- Accomodations needed (If yes, complete form.)

Brief summary of concern: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

needs:	accommodations:
_____	_____
_____	_____
_____	_____

_____ Signature of Parent	_____ Date
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_____ Signature of Teacher	_____ Date
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\_\_\_\_\_ Plan Accepted                      \_\_\_\_\_ Plan Rejected

\_\_\_\_\_ Plan accepted with the following modifications:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

_____ Signature of Principal/Director of Student Services	_____ Date
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