

## Overnight or Out-of-State Trip Request Form

School Board Adopted: November 7, 2016

Group/Grade Level Requesting trip: \_\_\_\_\_ Staff in Charge: \_\_\_\_\_

Destination: \_\_\_\_\_

Agency making the arrangements: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_ Number of School Days Missed: \_\_\_\_\_

Number of Students Participating: \_\_\_\_\_ Departure/Return Times: \_\_\_\_\_

Goal or purpose of the trip and its relationship to curriculum objectives: \_\_\_\_\_

\_\_\_\_\_

Supervision requirements: one adult for every 8 students. Same gender chaperone must be included for each gender participating.

Staff Accompanying: \_\_\_\_\_

Other Adults Accompanying: \_\_\_\_\_

Cost Factor:

Trip Funded by:  Student/Parents  Fundraiser  School  Other \_\_\_\_\_

Cost per student: \_\_\_\_\_

This cost includes: Trip cost for student (transportation, meals, lodging, admissions, etc.) \$ \_\_\_\_\_

Portion of trip cost for adult chaperones \$ \_\_\_\_\_

Other (please describe) \$ \_\_\_\_\_

What provision has been made for students with financial difficulties? Fund raising activities conducted?

\_\_\_\_\_

What efforts have been made to acquire the most cost effective price? \_\_\_\_\_

\_\_\_\_\_

Transportation Information: How will students be transported?

Bus \_\_\_\_\_ Name of Company \_\_\_\_\_

Plane \_\_\_\_\_ Name of Airline \_\_\_\_\_

School District bus or van \_\_\_\_\_

School District not responsible for transportation \_\_\_\_\_

Other – explain \_\_\_\_\_

Meal (and lodging if relevant) arrangements (attach additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

Description of trip plan and routes (attach additional pages if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Communication – Please attach a copy of the trip itinerary. Include parental and student input in the planning process and all parent meetings conducted to ensure full disclosure of the trip and associated topics to include but not limited to: purpose of the trip, cost (to include spending money), fund raising, adult chaperones, emergency telephone numbers, medical insurance needs, procedures for sending a student home in case of an emergency (medical, disciplinary, etc.) and itinerary.

Person in Charge Signature \_\_\_\_\_

Date \_\_\_\_\_

Building Principal Signature \_\_\_\_\_

Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_

Date \_\_\_\_\_

Date School Board Approved \_\_\_\_\_