

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 _____