

Trip Request Form/Principal Approval

THE PRINCIPAL CAN APPROVE REGULARLY SCHEDULED ATHLETIC EVENTS, ALL CO-CURRICULAR AND EXTRA-CURRICULAR TRIPS IN WHICH THE SCHOOL IS A PARTICIPANT, AND ALL SCHOOL RELATED TRIPS MADE WITHIN A 150-MILE RADIUS. TO REQUEST ONE OF THESE TYPES OF TRIPS, SUBMIT THIS FORM TO THE PRINCIPAL PRIOR TO THE TRIP.

SCHOOL _____ FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (*Check one.*):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior) (*specify*) _____
☐ Organization/Club Trip (*specify*) _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION _____ ADDRESS _____ PHONE _____

DATE(S) OF TRIP _____ DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

No student shall be denied the trip because of an inability to pay.

BILL TRIP EXPENSES TO: ☐ Sponsoring Organization ☐ School Council ☐ Board ☐ Other (*Specify*) _____

NUMBER OF: Students _____ Faculty Sponsors _____ Other Chaperones _____

Total # of Adults (generally a 1:10 ratio) _____ Total # Of Participants _____

Attach list of names of adults accompanying students on trip.

Have all chaperones undergone the required records check and been designated by the Principal/designee to supervise students? ☐ Yes ☐ No

MODE OF TRANSPORTATION

Is District transportation needed? ☐ No ☐ Yes (*See Procedure 09.36 AP.212.*)

☐ Bus ☐ Other Board-owned/insured vehicle

☐ Certificated common carrier (*specify*) _____

Faculty Sponsor's Signature

Date

The Principal can approve regularly scheduled athletic events, all co-curricular and extra-curricular trips in which the school is a participant, and all school related trips made within a 150-mile radius. Trips not falling within these guidelines require the Board's approval. All out-of-state trips must be approved by the Board. (*See Policy 09.36.*)

Trip has been ☐ APPROVED ☐ DISAPPROVED

Reason(s) for disapproval _____

Principal Signature

Date

Trip Request Form/Board Approval

(1) NAME OF ORGANIZATION REQUESTING TRIP _____

(1) FACULTY MEMBER(S) SPONSORING TRIP _____

DESTINATION _____ ADDRESS _____ PHONE _____

☐ Out-of-State ☐ Over 300 miles round-trip☐ Overnight (Give name, address, phone of lodging.) _____

(7) (11) If trip is over-night, give detailed supervision plans for students at all times, including curfews, written room assignments, and contact phone number. (attach the plan or use back of form as needed): _____

(3) NUMBER OF: Students _____ Faculty Sponsors _____ Other Chaperones _____

(9) Total # of Adults (generally a 1:10 ratio) _____ Total # of Participants _____

(8) (15) Attach list of names of adults accompanying students on trip. (Overnight trips must have both male and female chaperones if male and female students attending)

Have all chaperones undergone the required records check and been designated by the Principal/designee to supervise students? ☐ Yes ☐ No

(12) (13) DATE(S) OF TRIP _____ DEPARTURE TIME _____ RETURN TIME _____

TYPE OF TRIP (Check one.):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior) (specify) _____☐ Organization/Club Trip (specify) _____ ☐ Other (athletic, band, if applicable) _____

(2) PURPOSE/EDUCATIONAL VALUE _____

(4) Detailed schedule of events participating in (attach schedule or use back of form as needed): _____

(5) Cost per student _____ (16) Estimated cost of transportation _____

(6) SOURCE OF FUNDING FOR TRIP _____

BILL TRIP EXPENSES TO: ☐ Sponsoring Organization ☐ School Council ☐ Board ☐ Other (Specify) _____*No student shall be denied the trip because of an inability to pay.*

MODE OF TRANSPORTATION

Is District transportation needed? ☐ No ☐ Yes (See Procedure 09.36 AP.212.)☐ Bus ☐ Other Board-owned/insured vehicle ☐ Certificated common carrier (specify) _____

OTHER

(14) Signed parent authorization forms for each student has been collected? ☐ No ☐ YES

(10) Contact number for Principal and/or Superintendent to call and verify arrival at overnight site.

Contact number of overnight site_____
*Faculty Sponsor's Signature*_____
*Date*Trip has been ☐ APPROVED ☐ DISAPPROVED

Reason(s) for disapproval _____

*Board Chairperson's Signature*_____
Date

Date of Board approval _____ Order Number: _____

Trip Request Form

RELATED PROCEDURES:

09.36 AP.211; 09.36 AP.212; 09.36 AP.23

Review/Revised:11/21/2005