

**New Hanover County Schools
Request for Approval for
School District-Sanctioned International Travel**

**REQUEST FOR CONDITIONAL APPROVAL MUST BE SUBMITTED AT LEAST
FOUR MONTHS PRIOR TO OR BY THE END OF THE FIRST WEEK OF THE SEMESTER OF THE FIRST
DAY OF TRAVEL**

SECTION I: Complete for Conditional Approval

Date of Request: _____ Beginning Date of Travel: _____
Ending Date of Travel: _____

School: _____

Name of Travel Coordinator _____

Position: _____

Telephone number: _____ Email address: _____

Destination/Description (including all modes of transportation):

Name & Address of Travel Agent (if applicable):

Estimated Number of Students Participating: _____

Grade Level(s) of Students Participating: _____

Criteria For Determining Which Students Are Eligible For Travel:

Please provide the rationale for travel (example: academic, service, athletic, etc.):

(You may attach additional documentation.)

Please provide the following if applicable:

- Course or competence prerequisites are attached.
- Student eligibility criteria are attached (use for athletics).

Only NHCS students and employees and approved chaperones are allowed to participate in NHCS sanctioned foreign trips/tours. Additional persons such as the children or family members of participants shall **not** participate in the trip/tour unless they are otherwise eligible to participate in the trip/tour.

Please mark each box in Section I to indicate "yes" as applicable:

- Trip is scheduled when school is not in session. If not, reason is attached.
- All Board of Education policies, including the Student Code of Conduct, will be enforced and there is an identified plan for breaches in the Student Code of Conduct. (Attach copy of plan).

Estimated Cost per participant: _____

Estimated Cost covers: _____

(Note that New Hanover County Schools Policy 8550 prohibits door-to-door fundraising by students and places other restrictions on student fundraising.)

Number of NHCS personnel and chaperones participating: _____ (Please attach list of names. Ratio must be at least one NHCS employee or chaperone/eight (8) students.

- All adult participants (other than students) are NHCS employees or chaperones with NHCS Level II volunteer clearance
- At least one adult participant (other than students) has current CPR certification: (name) _____
- At least one adult participant (other than students) has first aid training, including NHCS-approved training in the administration of medication: (name) _____
- Transportation for requested trip shall be provided by (include transportation to and from airports and to and from interim destinations):

-
-
- All foreign destinations have been checked through the US Department of State and Center for Disease Control and other appropriate agencies. Any advisories or concerns are listed as follows:
-
-

- No passenger vans commonly known as 15 passenger vans will be used (defined as passenger vans designed to hold 11 or more passengers including the driver).
- There will be no participants in the trip except for the Travel Coordinator, NHCS employees supervising the trip, approved chaperones and students participating in the academic exercise for which the trip is conducted (no spouses, siblings or friends who are along for pleasure).

List all benefits expected to be received by the Travel Coordinator, other participating NHCS employees or chaperones or their family members, associated with or as a result of the trip, including but not limited to: free, discounted or upgraded airline tickets, event tickets, food or hotel rooms for this or any other trip or event:

- No unusually risky dangerous activities will be allowed, including but not limited to mountain climbing, rappelling, zip lines, bungee cord jumping, hot air balloons, small plane rides, helicopter rides, scuba diving, skydiving, hang gliding, mopeds, personal watercraft, guns or weapons, skateboarding, surfing, waterskiing, parasailing, kite boarding, wind surfing, snorkeling, snow skiing, snowboarding, white water rafting, canoeing, kayaking, riding animals, or operating motorized vehicles.
- The Supervisor of Risk Management for the New Hanover County Schools or the General Counsel have been notified of the trip and have indicated that the purchase of liability insurance to protect the New Hanover County Board of Education and its employees for liability arising from the trip appears to be feasible and cost effective to obtain.

Signature of Travel Coordinator: _____ **Date:** _____

By signing Section I of this document the Travel Coordinator certifies that the information contained herein is accurate and complete to the best of his/her knowledge as of the date signed and that he/she will report in writing any changes in this information to the Principal in sufficient time prior to departure for a decision to be made as to whether the new information affects the permission given for the trip. Final approval is required prior to trip departure (see Section II below).

****Conditional Approval (must be obtained before any money is raised or collected or any tickets purchased or contracts signed).**

Principal Conditional Approval: _____ Date: _____

Assistant Superintendent of Instruction Conditional Approval: _____

Date: _____

Superintendent Conditional Approval _____ Date: _____

****All trips are subject to cancellation due to events beyond the control of the school district.**

SECTION II: Complete for FINAL Approval

Budget for Trip

Revenue Sources: _____

Projected Expenditures: _____

Please mark each box in Section II to indicate "yes", as applicable:

- Itinerary of trip is attached (including names of hotels, phone numbers, time leaving school, returning, etc.).
- Information regarding instruction taking place during the trip and the academic plan for eligible students not going on trip is attached.
- A final list of ALL participants **and** home emergency phone contacts is attached. (Must indicate whether adults are NHCS staff or chaperones. Reminder that the ratio must be at least one NHCS employee or adult chaperone for every 8 students.)
- Principal (or designee) has reviewed the list of students who may require the administration of prescription or non-prescription drug products with the school nurse and a plan is in place for the proper administration of any medicine.
- Name of staff attending who have completed NHCS-approved training to administer the above described medication: _____
- Any and all contracts and proposed contracts, including contracts with travel agencies/agents have been enclosed and all signed contracts have clauses in them allowing them to be terminated at no cost with full refunds of deposits in the event Final Approval is not given by the New Hanover County Board of Education.
- All transportation is by insured carrier (**attach contract with proof of insurance except for major airline carriers**).
- International Travel Permission Form and Liability Waivers have been signed by all participating students and their parents/guardians and are on file with the Principal.
- Chaperone Agreements have been signed by all participating Chaperones and the forms are on file with the Principal.
- A parent/guardian orientation meeting has been held with all parents/guardians of participating students and all required documents and information were provided at that/those meeting(s) as per the NHCS International Travel Procedures. State date (s) of meeting(s): _____
- Insurance has been obtained as required by the NHCS International Travel Procedures for each participating person on the trip, covering trip cancellation, trip interruption, international medical and evacuation, and baggage and property loss. Attach sample policies.
- Travel Coordinator has given to parents/guardians of participating students and to the Principal a communication plan to handle information and notification needs which includes accurate and up to date contact information for participating staff and chaperones.
- Travel Coordinator has obtained an emergency first aid kit and will take it on the trip.
- Copies of passports and other travel documents for all participants have been given to the Principal.
- Participating chaperones who are not NHCS staff have been cleared as Level II volunteers under NHCS volunteer approval procedures.

- All participating NHCS staff and chaperones have arranged for continuous cell phone service in all areas of travel and destinations, except while in flight when cell phone communications are prohibited.
- A room assignment plan has been made for all overnight stays and no adult will stay in a room with a student except a parent may stay in his or her own child's room with no other students.
- A copy of the room assignment plan has been provided to the Principal and the parents/guardians of participating students, as it pertains to their children.
- The trip has been widely publicized so that all qualified and interested students have had the opportunity to request to participate.
- An opportunity to participate in the trip has been offered to all interested and qualified students regardless of financial need or disability and arrangements have been made to assist needy students with the cost. (For any interested students with disabilities whose participation was denied because it would cause an unreasonable burden on the New Hanover County Schools, provide all relevant details and explanation of alternative educational opportunity offered

- Travel Coordinator has provided to the Principal a specific final itinerary for the trip including on-site contacts and telephone numbers.
- A final roster of participants has been given by the Travel Coordinator to the Principal.
- The Travel Coordinator has provided each participant on the trip a copy of the itinerary with contacts and phone numbers.
- Any changes to the information provided in Section I are listed here:

- The New Hanover County Schools Risk Manager or the General Counsel has indicated in writing that adequate liability insurance for the Board of Education and its employees has been obtained for the trip.
- Any other pertinent information the Travel Coordinator wishes to provide is as follows or attached:

Signature of Travel Coordinator: _____ **Date:** _____

By signing Section II of this document the Travel Coordinator certifies that the information contained herein is accurate and complete to the best of his/her knowledge as of the date signed and that he/she will report any changes in this information to the Principal in sufficient time prior to departure for a decision to be made as to whether the new information affects the permission given for the trip.

Principal Verification and Final Approval:

- As of the date listed below, I have verified an appropriate number of staff members attending has/have received DPI approved training for the administration of medication.

Principal Verification: _____ Date _____

I have reviewed the information provided in Section II above and hereby grant my final approval to proceed with this school district sponsored foreign field trip or tour.

Principal Approval: _____ Date _____

Additional Final Approvals Required:

General Counsel (approval of liability insurance): _____ Date _____

Assistant Superintendent for Instruction: _____ Date _____

Superintendent: _____ Date _____

New Hanover County Board of Education:

_____ Date _____

Chairperson

****All trips are subject to cancellation due to events beyond the control of the school district or due to information received subsequent to final approval by the Superintendent and Board of Education.**

* * * * *

A COPY OF THIS FULLY SIGNED FORM MUST BE ON FILE WITH THE PRINCIPAL AND SUPERINTENDENT PRIOR TO DEPARTURE.