

**DARE COUNTY SCHOOLS  
REQUEST FOR APPROVAL OF STUDENT(S)  
OVERNIGHT FIELD TRIP**

**School:** \_\_\_\_\_

**Sponsor's Name:** \_\_\_\_\_

**Field Trip Destination:** \_\_\_\_\_

**Distance From School:** \_\_\_\_\_

**Mode of Transportation:** \_\_\_\_\_

(Charter Bus Service must be approved in advance by Transportation Director)

**Departure Date/Time:** \_\_\_\_\_

**Return Date/Time:** \_\_\_\_\_

**Number of Students:**      Female: \_\_\_\_\_      Male: \_\_\_\_\_      Total: \_\_\_\_\_

**Chaperones:**

Staff:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Parents:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Additional chaperones may be listed on back of request form. Chaperones accompanying students on trips will be of equal ratio to the number of male/female students. Staff will instruct motel/hotel management to disconnect paid movies on television in rooms occupied by students.

**Educational Purpose of Field Trip:** \_\_\_\_\_

**Number of Instructional Days/Hours Missed:**

**Days:** \_\_\_\_\_      **Hours:** \_\_\_\_\_

**Source of Funds:** \_\_\_\_\_

In the event the trip were to be cancelled, what is the last day to obtain a refund for monies incurred? \_\_\_\_\_

**Safety and Security:**

Safe and secure environments are critical to creating a learning environment where students can succeed. Staff and students share in the responsibility to take reasonable precautions and safety measures to create and maintain a safe environment for all over night educational trips. **THE SUPERINTENDENT RESERVES THE RIGHT TO CANCEL APPROVAL OF ANY FIELD TRIP AS WARRANTED.**

Additional Chaperones:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

**Date of Principal/Sponsor Conference:** \_\_\_\_\_

<b>Reviewed Request Form:</b>	<b>Yes</b> _____	<b>No</b> _____
<b>Recommend Overnight Trip:</b>	<b>Yes</b> _____	<b>No</b> _____

**Sponsor's Signature:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_

I conferred with the sponsor in person and have informed the sponsor and teacher chaperones that they are on duty 24 hours a day for the entire duration of the trip. I have also verified this field trip to be in compliance with the Dare County Board of Education Policy #3320 regarding overnight educational trips, and I recommend its approval. I have reviewed regulation 3320 with the trip sponsor.

**Date Submitted to Superintendent's Office:** \_\_\_\_\_

**Reviewed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Director of Elementary/Secondary Instruction)

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Superintendent)

**Disapproved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Superintendent)