

EXTENDED TRIP PLAN

**Allow 45 days for overnight trips or day trips outside the 5-county area • Allow 60 days for out-of-state trips
Fundraising activities may be conducted prior to Board Approval**

SCHOOL	DATES OF TRIP
STUDENT GROUP/GRADE LEVEL(S)	STAFF ADVISOR/Phone number
EVENT/DESTINATION NAME & LOCATION (Attach any available literature or brochures)	

EDUCATIONAL PURPOSE OF TRIP

PARTICIPANTS	Students	Certificated	Classified	Non Staff Adults	Name of Administrator if trip is out-of-state:
Male					
Female					
Total					

BUDGET		<i>Cost</i>	<i>Income</i>
Transportation	\$	_____	Fundraisers
Accommodations	\$	_____	Booster Club
Food/Meals	\$	_____	Site Funds
Entrance Fees	\$	_____	Donations
_____	\$	_____	ASB
_____	\$	_____	PTO/PTA
TOTAL COSTS	\$	_____	TOTAL INCOME
			\$ _____

MAJOR FUNDRAISING ACTIVITIES AND RELATED INFORMATION			PROMOTION - When and how will the trip be advertised?
<i>Activity</i>	<i>Date</i>	<i>Expected Revenue</i>	
_____	_____	_____	

INFORMATIONAL MEETING(S) - To discuss the purpose of the trip, safety-related rules, and rules of conduct

<i>Audience</i>	<i>Date</i>	<i>Time</i>	<i>Place</i>
Staff/Chaperones/Sponsor	_____	_____	_____
Parents/Students/Staff	_____	_____	_____

How will you contact parents who do not attend the above meeting?

ITINERARY

Trip Departs from _____ at _____ a.m./p.m. on _____ (date)

Trip Returns at _____ a.m./p.m. on _____ (date) Total Days _____ Total Nights _____

ACCOMMODATIONS (Must include street address and phone number)	MEAL ARRANGEMENTS

TRANSPORTATION Automobile Bus Airplane Other _____

The school requests that the Board of Education approve the request for an Extended Trip as described in this plan. It is understood that the school will comply with all Board Policies and Regulations regarding extended and overnight travel. The Principal and Advisor have met to review District Policy and school rules regarding Field Trips, Student Behavior, and Emergency Procedures.

Principal _____ Date _____	<p style="text-align: center;">Board of Education</p> <p style="text-align: center;"><input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED</p> <p style="text-align: center;">Meeting Date _____</p>
Director _____ Date _____	
Assistant Superintendent _____ Date _____	