

Overnight and/or Out-of-State Trip Request Form

Complete this form for all overnight or out-of-state trips and submit it to your Principal. Overnight or out-of-state requests MUST be received by the Superintendent by noon on the Friday prior to the regular monthly meeting to receive approval of the Board.

A copy of the form will be returned after Principal and Board approval/denial.

ACTIVITY _____

DATE (S) _____

LOCATION (City & State) _____

PURPOSE OF TRIP _____

WHAT CURRICULUM TOPIC(S) DOES THIS TRIP ADDRESS? _____

SUBSTITUTE TEACHER NEEDED? Yes No No. of Days _____

ESTIMATED EXPENSES:

Travel—Bus*	_____ miles @ \$2.81 + _____ hrs. @ \$20.25 _____ miles @ \$.81 (student paid/activity funds) + _____ hrs. @ \$20.25	\$ _____
Travel Board Owned Vehicle	_____ miles @ \$1.56 + _____ hrs. @ \$20.25 _____ miles @ \$.44 (student paid/activity funds) + _____ hrs. @ \$20.25	\$ _____
Travel—Certified Carrier ...		\$ _____
Substitute	(_____ days @ \$100.00)	\$ _____
Other (Hotel, Registration, etc.)	_____	\$ _____
	TOTAL	\$ _____

*Bus request must be submitted to the Central Office thirty (30) days prior to date of trip.

FUNDING SOURCE _____

STUDENTS AND CHAPERONES

Number of Students Attending: FEMALE _____ MALE _____ TOTAL _____

Number of Chaperones Attending: FEMALE _____ MALE _____ TOTAL _____

Names of Chaperones Attending: _____

HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? Yes No

Teacher's Signature _____ **Date** _____

DATE RECEIVED: _____

SCHOOL Approved Denied

Principal's Signature _____ **Date** _____

DATE RECEIVED: _____

BOARD Approved Denied

Superintendent's Signature _____ **Date** _____

Review/Revised:12/8/2022