Thompson School District R2-J
Overnight Activity Trip Request

School ___________________ Group(s)/Class Involved __________________________
Number of students involved (girls) _______ boys _______ Total _______ In-State _______ Out-of-State _______
How are students selected? __________________________
Destination ___________________ Mode of transportation to/from/at destination __________________________

When traveling to metropolitan or mountain areas, use of district vehicle or commercial/charter vehicle is required. These vehicles include, but are not limited to district cars, suburban or activity buses.

Type of Lodging/Accommodations __________________________
Departure date ____________ Return date ____________
Will students miss days of school? Yes ____ No ____ If yes, dates absent __________________________

Describe Funding Sources/Amounts
Total Cost of Trip: $ ____________ Budget Code: ____________________
Out of pocket student tuition, if any: $ ____________

How are indigent students provided an opportunity to participate? __________________________
Have sponsors visited the site or conducted the activity before? Yes ____ No ____ Who? __________________________
Have sponsors reviewed Board policy and regulation LJOA/LJOA-R? Yes ____ No ____ Date of Review __________________________
Have you notified the school nurse or health office aide to discuss the provision of nursing services for this trip? Yes ____ No ____
Will you notify the school health office at least two weeks prior to the trip to assure that Health Care Plans and Emergency Care Plans can be developed for students with health care needs? Yes ____ No ____

Brief description of objectives and expected outcomes of activity:
________________________________________________________________________________________

________________________________________________________________________________________

Only teachers or other school staff members or coaches may be included as approved sponsors. A list of names of district participants (student, teachers and other staff members) must be turned in with this approval request. The recommended teacher/staff sponsor to student ratio is 1:10.

Number of teacher sponsors _______, expenses to be included with students.
Number of teacher sponsors _______, expenses to be paid individually.
Number of other staff _______, expenses to be included with students.
Number of other staff _______, expenses to be paid individually.

Number of parent chaperones via Form (to be identified) _______, expenses to be paid individually. Per policy, chaperones will bear the entire cost of their expenses.

Whenever Thompson School District students are engaged in overnight travel, parents or guardians must attend a mandatory informational meeting. The exception is when a student or team is participating in a competitive post season activity.

(Choose as many as applicable)
___ This activity is an outgrowth of curriculum or co-curriculum (See IGD-R, Guidelines for Conducting Student Activities).
___ This activity is non-discriminatory.
___ This activity, or similar trip, is not available within the state.
___ This activity is a national event and participants are members of state-charters.
___ Participation in this activity has been earned through exceptional performance or by exclusive invitation based on merit.

Per policy LJOA: "District sponsored Out of country trips will not be permitted by the Board of Education.

Sponsor/Coach Signature __________________________ Sponsor/Coach (Print name) __________________________
Principal/Date __________________________ Athletic Director/Assistant Principal/Date __________________________

District Athletics/Activities/Date __________________________ Benefits & Risk Manager/Date __________________________

Student Travel/Overnight Trip Request Form F 7/23