

CAMPBELL COUNTY BOARD OF EDUCATION
SCHOOL TRIP APPROVAL FORM

This form is to be used for approval of all school/student trips which have not received blanket approval.

ATTACH A PROFESSIONAL LEAVE REQUEST FORM FOR EACH TEACHER NEEDING A SUBSTITUTE.

School _____ Overnight trip yes no (see footnote*)

Group (grade, subject, organization) _____ No. student's _____ No. adult's _____

Event and Destination _____

Be specific as to location including lunch, if appropriate _____

Departure: Date _____ Day of Week _____ Time _____ m.

Return: Date _____ Day of Week _____ Time _____ m.

Transportation: Parents provide School Makes Arrangements

If school makes transportation, indicate type of vehicle: School Bus Commercial Carrier

Private Carrier

If school bus, name contract owner (not driver) _____

If commercial carrier, list name of company _____

If private vehicle, school employees making arrangements has informed drivers of their personal liability

Names of adults who will supervise students on trip. Check drivers of private of private vehicles. Attach List if necessary.

School Employees	Drivers	School Employees	Drivers	Adult Volunteers	Drivers
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Cost: Admission (per pupil) _____ Transportation (per pupil) _____ Other (per pupil) _____

How will these cost be defrayed? _____

Purpose of trip (related to curriculum or program objectives) _____

How will you prepare students and evaluate achievement of objectives? _____

How will classes be covered? Substitute Other Explain _____

TEACHER REQUESTING TRIP (Submit to principal 15 days prior to trip.*)

Requested by _____ Date submitted to principal _____

Have you made arrangements for students with special needs (lift bus, feeding; toileting; etc)? Yes None needed

Principal (Forward all copies to appropriate supervisor 10 work days prior to trip.*)

Approved by: _____ Date Approved: _____

Is substitute teacher needed? Yes No If yes how many? _____ For how many days each? _____

IF YES, ATTACH PROFESSIONAL LEAVE REQUEST FORM FOR EACH TEACHER NEEDING A SUBSTITUTE.

Supervisor (forward all copies to Superintendent 5 work days prior to trip.*)

Approved _____ Date approved: _____

Superintendent (return as indicated below.) Hold overnight request for Board action.

Approved: _____ Date approved: _____

* Note: in cases of overnight trips, which require Board approval, all deadlines should be met prior to next regular Board meeting rather than "prior to trip".