

OFF CAMPUS EDUCATIONAL TRIP REQUEST FORM
(Revised 7-1-08)

IFCB-1

Teacher _____ School _____ Grade(s) _____

Destination _____ Today's Date _____ Date of Trip _____

Time of Departure _____ Time of Return _____ School bus needed? Yes _____ No _____

ITINERARY _____

Trips within a 75 mile radius of the school are limited to a maximum of 6 hours. Buses will not be allowed to leave before 8:30 a.m. and must return before 2:30 p.m. Schedule must be arranged so that students return to school prior to dismissal time. Trips more than 75 miles one way must be approved by the superintendent. Trips more than 200 miles one way must be approved by the Board of Education.

NUMBER OF STUDENTS _____ (One adult for each eight students to assist with supervision is recommended.) Please list Chaperones:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

PURPOSE OF TRIP _____

APPROVAL OF RELEVANCE by Curriculum Director or Special Education Coordinator _____

Teacher's signature _____ Date _____

Principal's signature _____ Date _____

Director of Support Services' signature _____ Date _____

Superintendent's signature _____ Date _____

Bus Shop Foreman's signature _____ Date _____

Date approved by Board of Education (if necessary) _____