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. @ $25.00 ___miles @ $ .81 (student paid/activity funds) + ___ hrs. @ $25.00	$ _____
Travel Board Owned Vehicle	___miles @ $1.56 + ___ hrs. @ $25.00 ___miles @ $ .44 (student paid/activity funds) + ___ hrs. @ $25.00	$ _____
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:1/16/2025