

**Trip Request Form**

**NOTE: For trips requiring Board approval (all overnight trips), this form must be routed through the Principal and Superintendent and to the Board at least one (1) week prior to the next regularly scheduled Board meeting. For other trips, submit this form to the Principal at least two (2) weeks prior to the trip.**

SCHOOL \_\_\_\_\_ FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

**TYPE OF TRIP (Check one):**

- Classroom Field Trip     Class Trip (*i.e., junior, senior*), specify \_\_\_\_\_
- Organization/Club Trip (*specify*) \_\_\_\_\_     Other (*athletic, band, if applicable*) \_\_\_\_\_

**DESTINATION** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

- Out-of-State     Out-of-County     Within-County
- Overnight (*Give name, address, phone of lodging*) \_\_\_\_\_

**DATE(S) OF TRIP** \_\_\_\_\_ **DEPARTURE TIME** \_\_\_\_\_ **RETURN TIME** \_\_\_\_\_

**PURPOSE/EDUCATIONAL VALUE** \_\_\_\_\_

**SOURCE OF FUNDING FOR TRIP** \_\_\_\_\_

**BILL TRIP EXPENSES TO:**  Sponsoring Organization     School Council     Board     Other (*Specify*) \_\_\_\_\_

**PARTICIPANTS**

Number of Students \_\_\_\_\_ Faculty Sponsors \_\_\_\_\_ Other Chaperones \_\_\_\_\_ Total # of Participants \_\_\_\_\_

**TRANSPORTATION**

- Is District transportation needed?**  No     Yes (*See Procedure 09.36 AP.212*)
  - Bus     Other Board-owned/insured vehicle
  - Private Vehicle(s) List drivers: \_\_\_\_\_

Notification to parents/guardians that private vehicles are to be used?  Yes  No

Certificated Common Carrier (*Specify*) \_\_\_\_\_

**SUPERVISION** (*Attach list of names of adults accompanying students on trip.*)

**Have all chaperones undergone the required records check and been designated by the Principal/Designee to supervise students?**  Yes  No

\_\_\_\_\_  
*Faculty Sponsor's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
*Principal's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Trip has been  approved  disapproved. Reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
*Superintendent/Designee's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

The Board must approve overnight trips.

**Date of Board approval:** \_\_\_\_\_ **Order Number:** \_\_\_\_\_