

LONG DISTANCE/OVERNIGHT FIELD TRIP RESERVATION REQUEST/APPROVAL FORM

(use for commercial air, water(near, by, or on), overnight, beyond 100 mile radius, out-of-state or country)

Table with 6 columns: Date of Trip, # of Passengers, School/Grade Level, Departure Time, Destination and Address, Return Time at School

Distance to be traveled one way: _____ miles. Method of Transportation: _____ (Students may not transport students)

Account number: _____ 24 hour insurance secured on date: _____

Educational Objectives of Proposed Trip: _____

ITINERARY DETAILS: If the proposed trip includes more than one day of travel, attach an itinerary to this form.

of Students Participating: _____ Cost per student: _____ Cost per Chaperone: _____

Teacher(s) in Charge/Submitting Requests: _____

Signature: _____ Date: _____

PRINCIPAL'S APPROVAL

Release Time: _____ Required _____ No. of class periods or total school days _____ Not Required

All Chaperone/Drivers supervising children out of teacher sight have been fingerprinted by NVUSD and cleared by HR

Trip fulfills specific instructional objectives of a subject included in the NVUSD approved course of study

Trip fulfills objectives of school-sponsored student activities/athletics

APPROVED _____ DISAPPROVED _____ Principal _____ Date _____

TRANSPORTATION DEPARTMENT CLEARANCES

Drivers/Chaperones: Check if list is attached to this form.

Name: _____ Address _____

Name: _____ Address _____

Name: _____ Address _____

Name: _____ Address _____

_____ Volunteer Drivers Cleared to Drive _____

_____ Vehicle(s) Cleared _____

Comments _____

(Signed) _____ Date _____

REVIEW OF EDUCATIONAL OBJECTIVES:

DIRECTOR OF INSTRUCTIONAL SERVICES (for trips related to the extension of the Instructional

DIRECTOR OF SECONDARY EDUCATION (for trips related to extra-curricular activities

Trip fulfills specific instructional objectives of a subject included in the NVUSD approved course of study Trip fulfills objectives of school-sponsored student activities/athletics

Scheduled for Board Master Calendar (Check one) September November January March May

APPROVED _____ DISAPPROVED _____ Director _____ Date _____

SUPERINTENDENT/BOARD OF EDUCATION AUTHORIZATION

_____ APPROVED _____ DISAPPROVED _____ Signature _____ Date _____

Approved/Entered in Book _____ Signature _____ Date _____