

# EDUCATIONAL TRIP REQUEST

SUBMIT TO PRINCIPAL IN DUPLICATE FORM WITH ALL REQUIRED ATTACHMENTS - PLEASE ANSWER ALL QUESTIONS

- A. ALL OUT OF STATE TRIPS MUST HAVE BOARD APPROVAL.
- B. TRIPS IN PRIVATELY-OWNED CARS MUST HAVE BOARD APPROVAL.
- C. TRIPS IN EXCESS OF 100 MILES MUST HAVE BOARD APPROVAL IF NOT LISTED IN THE EDUCATIONAL TRIPS HANDBOOK.
- D. FIELD AND EXTRACURRICULAR TRIPS REQUIRING MORE THAN THREE HOURS TRAVEL SHALL ONLY BE MADE ON DAYS WHEN THERE IS NO SCHOOL ON THE FOLLOWING DAY.
- E. ALL REQUESTS MUST BE SUBMITTED TO THE PRINCIPAL (15) WORKING DAYS IN ADVANCE OF THE TRIP.

## I. TRIP INFORMATION:

School \_\_\_\_\_ Teacher Submitting \_\_\_\_\_ Date Submitted \_\_\_\_\_

Date of Trip \_\_\_\_\_ Destination \_\_\_\_\_

Nature and Educational Value of Trip \_\_\_\_\_

Classes participating (include number in each class) \_\_\_\_\_

## II. CHAPERONES (The chaperone/student ratio for all trips is 1:10):

(A) **Teachers** (must be teachers of students involved, or have non-teaching duties, or request personal leave).  
Please indicate in parentheses the number of previous trips this year.

1. \_\_\_\_\_ (\_\_\_\_\_) 3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_\_) 4. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

(B) **Other Adults (Volunteers and Paraprofessionals)**

1. \_\_\_\_\_ (\_\_\_\_\_) 3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_\_) 4. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

## III. METHOD OF TRANSPORTATION:

COUNTY OWNED BUSES (\_\_\_\_\_) CHARTER BUSES (\_\_\_\_\_) CARS (\_\_\_\_\_) WALKING (\_\_\_\_\_)  
Number Number Number please check

## IV. TRIP CHECKLIST:

- A. Off Campus Activity Consent Forms obtained? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)
- B. Medical Authorization Forms obtained? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)
- C. Copy of Teacher Lesson Plans attached? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO) \_\_\_\_\_ (NA)
- D. School Bus Request Worksheet attached? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO) \_\_\_\_\_ (NA)
- E. Leave Forms Attached? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)
- F. Private Vehicle Form(s) attached? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO) \_\_\_\_\_ (NA)
- G. Have arrangements been made with the Cafeteria? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO) \_\_\_\_\_ (NA)

## V. APPROVAL:

Signature of Cafeteria Manager \_\_\_\_\_

Approved by Principal \_\_\_\_\_ (YES) \_\_\_\_\_ (NO) \_\_\_\_\_  
Signature Date

Approved by Superintendent \_\_\_\_\_ (YES) \_\_\_\_\_ (NO) \_\_\_\_\_  
Signature Date

Approved by Board \_\_\_\_\_ (YES) \_\_\_\_\_ (NO) \_\_\_\_\_  
Signature (Chairman) Date