Group Making Request ________________________________

Person in Charge ___________________________   School _____________________

Please check all that apply:

_____ Overnight
_____ Out-of-State  or _____ International (requires 2-step approval from School Board)

1. Destination: ______________________________________________________________

2. Dates of Trip: _________________________  Number of School Days Missed: _________

3. Number of Students:  Male_______      Female_______

4. Grade Levels Included: ___________________________

5. Supervision requirements: one adult for every 12 students. Same gender chaperone must be included for each gender participating.
   a. Staff Accompanying: ________________________________________________________

   b. Other Adults Accompanying: ______________________________________________

6. Describe the purpose and objectives of the trip:

   _______________________________________________________________________

   _______________________________________________________________________

   _______________________________________________________________________

7. Cost Factors:
   a. Trip funded by:
      1. School Account □
      2. Individual student □
   b. Cost per person _________________________________________________________
c. What provision has been made for students with financial difficulties? Fund raising activities conducted?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

d. What efforts have been made to acquire the most cost effective price?
________________________________________________________________________

________________________________________________________________________

e. Faculty members may not receive any salary remuneration relating to field trips from outside agencies or arrange trips for financial gain. Is a portion of the funds provided by students paying for or reducing chaperone costs? YES _____ NO _____

f. Insurance Issues
   a. Will students need additional medical insurance coverage? YES _____ NO _____
   b. Is group tour insurance being purchased? If so, what is the coverage and cost?
________________________________________________________________________

8. Transportation Information: How will students be transported?
   a. Bus _____ Name of Company ________________________________
   b. Plane _____ Name of Airline ________________________________
   c. School District van(s) _____________
   d. School District not responsible for transportation ________
   e. Other – explain ________________________________

9. Communication - Please attach a copy of the trip itinerary. Include parental and student input in the planning process and all parent meetings conducted to ensure full disclosure of the trip and associated topics to include but not limited to: purpose of the trip, cost (to include spending money), fund raising, adult chaperones, emergency telephone numbers, medical insurance needs, procedure for sending a student home in case of an emergency (medical, disciplinary, etc.) and itinerary.

Person in Charge Signature ____________________________ Date ___________________

Activities Director Signature ___________________________ Date ___________________

Superintendent Signature ______________________________ Date ___________________

For out-of-state/international trip:
   Staff Member who will present at School Board meeting _____________________________

School Board Meeting Presentation Date for Preliminary Approval:
(Out-of-State at least 90 days before trip) _____________________________

(International at least 180 days before trip) _____________________________